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Jan 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H96490 (8)

1. Corporation Name  
AMERICAN SCRAP METAL ALLOY, INC.



Principal Place of Business: 824 NW 9 AVENUE FT. LAUDERDALE FL 33311  
Mailing Address: 824 NW 9 AVENUE FT. LAUDERDALE FL 33311-7210

3. Date Incorporated or Qualified: 01/27/1986  
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, City, State, Zip, and Country.  
4. FEI Number: 59-2645320 (Applied For: Not Applicable)  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes (checked) No

9. Name and Address of Current Registered Agent: RUBIN, STUART L. 2700 W. CYPRESS CREEK RD. SUITE C-100 FT. LAUDERDALE FL 33309 (81-84)  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | DP<br>RUBIN, HYMAN S.<br>2121 N.E. 207TH ST.<br>NO. MIAMI BEACH FL | 1.1 TITLE   |  |
| NAME                       |  | 1.2 NAME  |  |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | T<br>RUBIN, HOWARD B.<br>8034 NW 27TH PLACE<br>SUNRISE FL          | 2.1 TITLE   |  |
| NAME                       |  | 2.2 NAME  |  |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | S<br>RUBIN, FAYE<br>2121 NE 207 ST.<br>N MIAMI BCH. FL             | 3.1 TITLE   |  |
| NAME                       |  | 3.2 NAME  |  |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | V<br>RUBIN, DAVID M.<br>4450 NW 65TH TERRACE<br>LAUDERHILL FL      | 4.1 TITLE   |  |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 4.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 5.1 TITLE   |  |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      |  | 6.1 TITLE   |  |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |  | 6.4 CITY - ST - ZIP                                   |  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Hyman S. Rubin* HYMAN S. RUBIN Date: 01-22-97 Daytime Phone #: 954-244-6016

CR2E034 (9/96)