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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H96490

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/27/1986

4. FEI Number
59-2645320
Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired \$8.75 Additional Fee Required

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22. City & State

27. City & State

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, STUART L.
2700 W. CYPRESS CREEK RD.
SUITE C-100
FT. LAUDERDALE FL 33309

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME RUBIN, HYMAN S.
STREET ADDRESS 2121 N.E. 207TH ST.
CITY-ST-ZIP NO. MIAMI BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME RUBIN, HOWARD B.
STREET ADDRESS 8034 NW 27TH PLACE
CITY-ST-ZIP SUNRISE FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME RUBIN, FAYE
STREET ADDRESS 2121 NE 207 ST.
CITY-ST-ZIP N MIAMI BCH. FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME RUBIN, DAVID M.
STREET ADDRESS 4450 NW 65TH TERRACE
CITY-ST-ZIP LAUDERHILL FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Hyman S. Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2-23-99 954-764-6716
Daytime Phone #

CR2E034 (1/98)