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FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90051 023 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K74691
 1. Corporation Name
PRO REBAR & CABLE, INC.



| | |
|---|---|
| Principal Place of Business 3301 N.W. 91ST WAY HOLLYWOOD FL 33024 | Mailing Address 3301 N.W. 91ST WAY HOLLYWOOD FL 33024 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------|---------------------|------------------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 14500 FAIRFAX PL | 26 14500 FAIRFAX PL | | | 03/17/1989 | |
| Suite, Apt. #, etc. 22 DAVIE FL | | Suite, Apt. #, etc. 27 DAVIE FL | | 4. FEI Number | |
| City & State | | City & State | | 65-0127999 | |
| 23 33325 USA | | 28 33325 USA | | Applied For | |
| Zip Country | | Zip Country | | Not Applicable | |
| 24 | | 25 | | 29 | |
| 30 | | 31 | | 32 | |

| | | | | | | | |
|--|--|--|--|---|--------------------|-------------|-------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RIZZUTO, ANTHONY 3301 N.W. 91ST WAY HOLLYWOOD FL 33024 | | | | 81 Name | ANTHONY R. RIZZUTO | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 14500 FAIRFAX PL | | |
| | | | | 83 | DAVIE FL | | |
| | | | | 84 City | FL | 85 Zip Code | 33325 |

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 Anthony R. Rizzuto PD. DATE 4/16/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | PD. <input type="checkbox"/> DELETE | 1.1 TITLE | PD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIZZUTO, ANTHONY | 1.2 NAME | RIZZUTO, ANTHONY |
| STREET ADDRESS | 3301 N.W. 91ST WAY | 1.3 STREET ADDRESS | 14500 FAIRFAX PL. |
| CITY-ST-ZIP | HOLLYWOOD FL | 1.4 CITY-ST-ZIP | DAVIE FL 33325 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Anthony R. Rizzuto DATE: 4/16/99 (254) 474-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)