

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -4 PM 6:23

DOCUMENT # **M47754** (0)

1. Corporation Name  
**ALCON ROLLFORMING PRODUCTS, INC.**

Principal Place of Business: **1083 E. 27TH STREET HIALEAH FL 33013**  
Mailing Address: **1083 E. 27TH STREET HIALEAH FL 33013**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/05/1987**  
3a. Date of Last Report: **08/09/1994**

21	2. Principal Place of Business	22	2a. Mailing Address
	<b>1055 E. 26<sup>TH</sup> STREET</b>		<b>1055 E. 26<sup>TH</sup> STREET</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
	<b>HIALEAH, FLORIDA</b>		<b>HIALEAH, FLORIDA</b>
24	Zip	29	Zip
	<b>33013</b>		<b>33013</b>
25	Country	30	Country
	<b>DADE</b>		<b>DADE</b>

4. FEI Number: **59-2824171**  
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  No

9. Name and Address of Current Registered Agent

**ALMEIDA, MARIA**  
**3240 S.W. 97TH COURT**  
**MIAMI FL 33185**

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>CONTRERAS, DIOSDADO</b>
STREET ADDRESS	<b>551 SE 1ST ST</b>
CITY ST ZIP	<b>HIALEAH FL</b>
TITLE	<b>VD</b>
NAME	<b>ALMEIDA, PEDRO</b>
STREET ADDRESS	<b>3240 SW 97TH CT</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>ALMEIDA, MARIA</b>
STREET ADDRESS	<b>3240 SW 97TH CT</b>
CITY ST ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b>
NAME	<b>CONTRERAS, CANDELARIA</b>
STREET ADDRESS	<b>551 SE 1ST ST</b>
CITY ST ZIP	<b>HIALEAH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Maria Almeida*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-95 315 836-8666  
DATE TELEPHONE #