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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000012789 (3)**

1. Corporation Name
HEET WAVE METAL PROCESSORS, INC.

Principal Place of Business	Mailing Address
6652 SW 91ST AVE. MIAMI FL 33156	6652 SW 91ST AVE. MIAMI FL 33156

3. Date Incorporated or Qualified: **12/17/1992**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 8378 N.W. 56th Street
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33166
25: Country: USA

2a. Mailing Address
26: 8378 N.W. 56th Street
27: Suite, Apt. #, etc.
28: City & State: Miami, Florida
29: Zip: 33166
30: Country: USA

4. FEI Number: **65-0375758** ☐ 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

GARCIA, MANUEL
6652 SW 91ST AVE.
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Garcia Manuel
82 Street Address (P.O. Box Number is Not Acceptable): 8378 N.W. 56th Street
83
84 City: Miami **FL** 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.1005 and 607.1006, 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] 05/23/96
(Signature of New Registered Agent, if changed) (Date) (Typed or Printed Name of New Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, MANUEL 6652 SW 91ST AVE. MIAMI FL 33156 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P. D. 8378 N.W. 56th Street Miami, Fl, 33166 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 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: [signature] 05/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (12/95)