FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 14 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

STREET ADDRESS

CITY-ST-ZIP

P93000019089 (0)

A C MI	ETALS INC.							
Principal Place	e of Business	Mailing Address				-		(12 (M) (D)
1100 E. BTH HIALEAH FL		1100 E. 8TH CT. HIALEAH FL 33010						
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified		
Dringing Dringi	loss of Dunings	Lo- Mailing Address				03/10/1993		
	lace of Business	2a. Mailing Address				4. FEI Number	— 	plied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0392455		t Applicable
22	27	suite, ripit w, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State City & State				•••		6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added t	
Zip	Country Zip Ci		Coun	Country		8. This corporation owes or has paid the current year Intangible		
24	25		30			Personal Property Tax due June 30.] No
	g. Name and Address of	Current Registered Agent				10. Name and Address of New Register	ed Agent	
	ubrera, alejandro		le le	1 Nar	ne			
1100 E. 8TH CT.			Ē	2 Stre	eet Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33010				13		· · · · · · · · · · · · · · · · · · ·		
}				4 City			[as] 7:- (2040
				- 7			85 Zip (
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 registred 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								s registered registered
SIGNATURE	Signature, typed or printed name of regul	MOTE AND LINE OF THE PROPERTY	- Benjeland 6	loant sign	ature sequire	d when reinstating) DATI	F	
12.				13,		ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	0	☐ DELETE 1.1		1.1 TITLE			Change	Addition
NAME			1.2 NAM	2 NAME			į	
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NAME						C Chan		Addition
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1 1				EET ADDRE	33			
CITY-ST-ZIP TITLE			6.1 TITE	-\$T-2IP			Change	Addition
NAME			62 NAM				O.101190	

6.3 STREET ADDRESS

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 convertion 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 in Charged or on an attachment with an address.