

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000048640 (1)
 1. Corporation Name
AMERICAN FUSING, INC.

| | |
|--|--|
| Principal Place of Business 2510 NW 32ND ST. MIAMI FL 33142-5871 | Mailing Address 2510 NW 32ND ST. MIAMI FL 33142-5871 |
|--|--|

| | | | |
|--------------------------------|-------------------------|---------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 2559 NW 23rd Street. | 26 2559 NW 23rd Street. | | |
| 22 n/a. | 27 n/a. | | |
| 23 Miami, FL | 28 Miami, FL | | |
| 24 33142-7203 | 25 U.S.A. | 29 33142-7203 | 30 U.S.A. |

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/02/1997 | |
| 4. FEI Number 65-0756389. | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

GUERRERO, ABIGAIL
 2510 NW 32ND ST.
 MIAMI FL 33142-5871

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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Clara Guerrero. |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 2510 NW 32nd Street. |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Miami, FL 33142 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | VICE-PRESIDENT/TRSRER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Margarita V. Mendez. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 2511 NW 25th Ave. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Miami, FL 33142 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | VICE-PRESIDENT/SECTRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Natividad Pion. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1500 SW 1st Ave., #7. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Miami, FL 33129 |
| 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 | |

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 ****150.00 ****150.00

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.

SIGNATURE *Margarita V. Mendez* **Margarita V. Mendez, Vice-Pres. 305-634-5560.**

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pg 2

July 3, 1998.

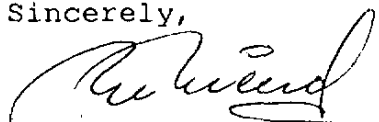
Annual Reports Filings.
Division of Corporations.
P.O. Box 1500.
Tallahassee, FL 32302-1500

Dear Annual Reports Filings Section:

The Annual Report first notice never reached us because we changed our mailing address. We did notified you of the new address, but apparently either it did not reach your office in time or it did not reach you at all. We received the second notice on June 30,1998.We are returning the completed report immediately along with a check for \$150.00 to cover the filing fee. Please waive the \$400.00 late fee. We are a very small business owned by three hard working ladies and we did try to file by the June 5 deadline by reporting you our change of address.

Thank you for your attention.

Sincerely,



Margarita V. Mendez.
Vice-President Treasurer.