

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 452031 (8)**

1. Corporation Name  
**EVERGLADES STEEL CORPORATION**



Principal Place of Business  
**5901 NW 74 AVE  
P.O. BOX 523875  
MIAMI FL 33152**

Mailing Address  
**5901 NW 74 AVE  
P.O. BOX 523875  
MIAMI FL 33152**

3. Date Incorporated or Qualified **06/27/1974** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1547653</b>		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

**9. Name and Address of Current Registered Agent**

**GARCIA, EDUARDO JOSE J  
5901 NW 74TH AVE  
MIAMI FL 33166**

**10. Name and Address of New Registered Agent**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
		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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOMEZ, ORLANDO</b>			1.2 NAME			
STREET ADDRESS	<b>1222 CORAL WAY</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES, FL 00000</b>			1.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PADRON, GUSTAVO B</b>			2.2 NAME	<b>Padron, Gustavo B.</b>		
STREET ADDRESS	<b>1525 S W 24 AVENUE</b>			2.3 STREET ADDRESS	<b>161 S.W. 129th Ave</b>		
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>			2.4 CITY-ST-ZIP	<b>Miami FL 33184</b>		
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARCIA, EDUARDO</b>			3.2 NAME			
STREET ADDRESS	<b>5005 S.W. 87TH AVE.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>			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 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)(k), 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: **Eduardo Garcia, Vice-President** Jan-19-1996 (305)591-9460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (12/95)