

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 # **G38542** (8)

1. Corporation Name

AMAG METALS, INC. Aluminiumwerk Unna-USA, Inc.

12/13/95 N.C.



Principal Place of Business

277 LIVE OAKS BLVD.
CASSELBERRY FL 32707
US

Mailing Address

277 LIVE OAKS BLVD.
CASSELBERRY FL 32707
US

3. Date Incorporated or Qualified
05/16/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **504 Lillian Drive**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P O Box 181265**

Suite, Apt. #, etc.

4. FEI Number

59-2299749

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

23 **Fern Park, FL**

City & State

28 **Casselberry, FL**

Zip

24 **32730**

Country

25 **USA**

Zip

29 **32718-1265**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WOOD, JULIE M.
277 LIVE OAKS BLVD.
CASSELBERRY FL 32707**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

504 Lillian Drive

83

84 City

Fern Park

FL

85 Zip Code

32730

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

12 April 96

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☒ DELETE

NAME **PUPAVAC, PETER**
STREET ADDRESS **P.O. BOX 1146/1151 N/A**
CITY-ST-ZIP **59401 UNNA, GERMANY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

Volker Findeisen

1.3 STREET ADDRESS

P O Box 1146/1151

1.4 CITY-ST-ZIP

59401 Unna, GERMANY

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

400001798504

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*****200.00**

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *[Signature]* **Volker Findeisen** **4-12-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)