Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

Not Applicable

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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1999 DOCUMENT # P9600006430 1. Corporation Name

B & R METALS, INC.

Principal Place of Business

Suite, Apt. #, etc.

City & State

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U	U. I	1 1411	I ALU,	1110

Principal Place of Business

12240 SW 130TH ST

MIAMI FL 33186

US

Mailing Address

12240 SW 130TH ST

MIAMI FL 33186

US

Country

25

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90052 020 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

01/22/1996

65-0637074

4. FEI Number

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		81	Name				
BENITEZ, RAMON 12240 SW 130TH ST			82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33186			1				
•		84	City	85 Zip	Code		
,		\ <u>~</u>	22	FL			
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florida	orized by	the corpo	corporation submits this statement for the purpose of changing it oration's board of directors. I hereby accept the appointment as r	s registered registered		
SIGNATURE	MOTE D		ot cionatura r	required when reinstating) . DATE			
40	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	13.	ric signature /	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12		
TITLE	PSTD DELETE	1.1 TITLE		Change			
NAME	BENITEZ, RAMON				ļ		
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NAME .		2.2 NAME			}		
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CITY-ST-ZIP		2. 4 CITY-	ST-ZIP				
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CITY-ST-ZIP	T-ZIP		ST-ZIP				
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NAME		4. 2 NAME		_	}		
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CITY-ST-ZIP		4.4 CITY-5	T-ZIP		7.00		
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NAME		5.2 NAME					
STREET ADDRESS			TADDRESS				
CITY-ST-ZIP		5.4 CITY-S	T- ZIP				
TITLE	☐ DELETE	6.1 TITLE		Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS			TADDRESS				
CITY-ST-ZIP		6.4 CITY-S		FILL OF THE PROPERTY OF THE PR	\		
14. I hereby o	certify that the information supplied with this filing does not qualify for the	e exemple	tion stated it my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the lature shall have the same legal effect as if made under oath; tha	intormation It I am an		

Country

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4. 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 of the leceiver 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 charged, or men attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 (-

(305) 251-8696-