2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am **DOCUMENT # 206308 Secretary of State** METALLIC ENGINEERING CO., INC. 02-08-2000 90148 024 ***158 75 Mailing Address Principal Place of Business 5150 N W 72ND AVE 5150 N W 72ND AVE MIAMI FL 33166-5625 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0812409 . التوظيم Not A Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _ VALLE, LAURENCE F. Street Address (P.O. Box Number is Not Acceptable) 800 SW 8TH ST **SUITE 2520 MIAMI FL 33130** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE BRIGANTE, RICHARD J. NAME NAME 7955 S.W. 155TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL _ · · · · · TITLE K1 Change □ Delete FITZGERALD, JOY NAME NAME 9780 Sterling Drive STREET ADDRESS 10815 SW 112TH AVE, SUITE 103 STREET ADDRESS Miami, FL 33157 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33176 Change ☐ Defete TITLE VALLE, LAURENCE F. NAME NAME STREET ADDRESS STREET ADDRESS 10024 S.W. 130TH TERR.A CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ ··· ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □⁻···· ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 direction 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOY FITZGERALD

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2/4/00 (305)592-544