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

CICNATUDE.

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ED ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUN -5 PM 3: 39 DOCUMENT # (5) SECRETARY OF STATE ALLAHASSEE, FLORIDA MIAMI METAL PRODUCTS INC Mailing Address Principal Place of Business 280 N W 25 ST 260 N W 25 ST MIAMI FL 33127 **MIAMI FL 33127** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1957 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59:0912668 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 X Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ai Name MARTIN, LEO 2127 BRICKELL AVENUE PH 3602 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33129 83 Zip Code 11. Pursuant to the provisions of Sections 607 (602 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. Lam familiar with, and accept the obligations of. Section 607,0506, Florida Statutes. SIGNATURE Signature: Typed or ported came of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE OFFICE Change ☐ Addition TITLE 11 THUE MARTIN, LEO NAME 12 NAME 260 N W 25 ST STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33127 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MARTIN, GLORIA NAME 2.2 NAME 260 N W 25 ST STREET ADDRESS 2.3 STREET ADDRESS --01055--021 **MIAMI FL 33127** CITY-ST-ZIF 2.4 CITY-ST-ZIP DELFTE THILE 3.1 1/116 NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y - S1 - ZIP DELFTE TITLE Change Addition 4.1 THLE NAME 4. 2 NAME STREET ADDRE 4.3 STREET ADORESS CITY-ST-Z# 4.4 CITY-ST-ZIP DELFTE TITLE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE [] Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-7# 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the information indicated on this annual report or suppliemental 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 direction of the cooperation or the receiver or trustee empowered to execute this report as required by mapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address.