E NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
ORATION
NNUAL REPORT

1996

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

DOCUMENT # **235378** **(7)**

1. Corporation Name

SUPREME ALUMINUM PRODUCTS INC

Principal Place of Business	Mailing Address
WILLIAM MIRANDA 601 93RD ST. PO BOX 6051 MIAMI FL 33154	WILLIAM MIRANDA 601 93RD ST. PO BOX 6051 MIAMI FL 33154

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/01/1960**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-0898729** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation is subject for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MIRANDA,WILLIAM
601 93RD ST
MIAMI BEACH FL 33154

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MIRANDA, WILLIAM		1.2 NAME	
STREET ADDRESS	601 - 93RD STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL		1.4 CITY-ST-ZIP	
2 TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MIRANDA, WILLIAM, JR.		2.2 NAME	
STREET ADDRESS	601 - 93RD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE FL		2.4 CITY-ST-ZIP	
3 TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
4 TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

03/27/97 01010-601
**220.00

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)(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 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 with an asterisk (*) or an attached typed name and address.

SIGNATURE: William Miranda 3-21-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)