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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 270733

(9)

orpore	tion Name	· · · ·	_	. • •	-	
G.	Steel	RULE	DIE	MFG.	CO.	

May 16 1997 8:00am

Secretary of State

				·										
Principal Place of Business Mailing Address														
				7000 N W 37 A										
MIAMI FL 831	47		į	VIAMI FL 33147	-6516									
									3. Date Incorporated or Qualified 06/10/1963		ite of Last F 08/1996	leport		
2. Principal f	Place of Busin	ness	2	e. Mailing Add	dress				4. FEI Number		Ar	pplied For		
21			26						59-1009054			ot Applicable		
Suite, Apt	. #, etc.			Suite, Apt.	#, etc.				5. Certificate of Status Desired			Additional		
22			27						8. Certificate of Status Desired	<u>.</u>	Fee Re	equired		
City & Sta	te			City & State	!	:			6. Election Campaign Financing	_	\$5.00	May Be		
23			28				<u>.</u>		Trust Fund Contribution	<u> </u>		to Fees		
Zip		Country	ļ	Zip			untry		8. This corporation has liability for			. 199.032,		
24	A 11	25	29			30	_] No			
		and Address of Curre	ni Heg	istered Agent			-		10. Name and Address of New Re	gistered /	gent			
	ugas, Rog					:	81	Name						
	0 N W 37					82 Street Addr			dress (P.O. Box Number is Not Acceptal	ress (P.O. Box Number is Not Acceptable)				
MLA	WI FL 3314	7				1								
							83							
							84	City			85 Zip	Code		
							Ш			<u>FL</u>				
11. Pursuant office or agent. I a	t to the provisi registered ag am familiar wi	ions of Sections 607.05 lent, or both, in the State th, and accept the oblig	02 and e of Flo gations	607.1508, Flo rida. Such cha of, Section 60	rida Statu inge was 7.0505, Fi	tes, the a authorize lorida Sta	bove d by tutes	e-named co r the corpor s.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of of the app	changing i ointment as	ts registered registered		
SIGNATURE									•					
·	Signature, typed	or printed name of registered ag			(NO		d Age	ni signalure req	uired when reinstaling)	DATE				
12.	- arn	OFFICERS AN	VD DIRI		SE. EVE	13.			ADDITIONS/CHANGES TO OFFI	CERS AND				
TITLE	TOUGAS	ROGER C		LJ.	DELETE	1.1					Change	Addition		
NAME	DAME OA	GE PLACE 310-A				1.2		-						
STREET ADDRESS	MIAMI LA					1.3	TREET	ADDRESS						
CITY-ST-ZIP	1	WES LT						T-ZIP		·				
TITLE	VD TOTAL FO	0 TOHAC E		Ų	DELETE	2.1	ITLE				Change	Addition		
NAME		S, TOMAS F.				2.2								
STREET ADDRESS		v. 5th st.				23	TAEET	ADDRESS	•					
CITY-ST-ZIP	MIAMI FL							ST-ZIP						
TILE	70	MA IFOOME		□ i	DELETE	3.11					Change	Addition		
NAME	000000 18	MO, JEROME				3.2		-						
STREET ADDRESS		W 64 CT RD				3.3	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI, FI	L WWW			· · · · · · · · · · · · · · · · · · ·			ST-ZIP	<u> </u>					
TITLE	D				DELETE	4.1		1			Change	Addition		
NAME .	JONES, I					4.2	AME							
STREET ADDRESS						4.3	TRÉFT	ADDRESS						
CITY-ST-ZIP	MILAN TI	Υ				4.4 (ITY-S	T-ZIP						
TITLE					DELETE	5.1 7	TLE				☐ Change	Addition		
NAME						5.2	IAME							
STREET ADDRESS						5.3 \$	TREET	ADDRESS						
CITY-ST-ZIP						5.4	HY-S	T-ZIP						
TITLE					DELETE	6.1					Change	Addition		
NAME						6.2	IAME	}						
STREET ADDRESS						635	TREET	ADDRESS						

14. I do 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 tam 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 ar angeliance with an address. 305

6.4 CITY-ST-ZIP