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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 452031 **EVERGLADES STEEL CORPORATION**

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90007 021 ***150.00



5901 NW 74 AVE P.O. BOX 523875		Mailing Address 5901 NW 74 AVE P.O. BOX 523875			1 SERVIL BIRBS BESTER THOM RECOLL SITES WHEN DIRECT		
MIAMI FL 33152		MIAMI FL 33152			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 06/27/1974		
	Place of Business	2a. Mailing Address			4. FEI Number	- i 1	Applied For
21 26					59-1547653	. —	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5 Additional
City & State		27			5. Certificate of Status Desired Fee Required		
23		City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28			Trust Fund Contribution		ed to Fees
24 25		Zip Country			8. This corporation owes the current ye	ar Intangijale	
24	9. Name and Address of Curre	nt Posistered Asset	30		Personal Property Tax.	Yes	□No
	-	nt Registered Agent		81 Name	10. Name and Address of New Register	ered Agent	
GA	RCIA, EDUARDO JOSE J			81 Name			ł
)1 NW 74TH AVE			82 Street A	Address (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33166			_			
			- I	83			
			ļ	84 City		85 Zir	p Code
11. Pursuant	to the provisions of Spetians COT OF	20					
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auditions of, Section 607.0505. Florida.	s, tne at thorized da Statu	ove-named co by the corpor tes	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	e of changing i	ts registered registered
SIGNATURE					· ·	•	
12.	Signature, typed or printed name of registered age			gent signature req	uired when reinstating) DAT		
TITLE	P OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
NAME	GOMEZ, ORLANDO	L DELETE	1.1 TITE	j		☐ Change	Addition
STREET ADDRESS	4000 00000		1.2 NAN	_			
CITY-ST-ZIP	CORAL GABLES, FL 00000		1.3 STR	EET ADDRESS			Ì
TITLE	VT	☐ DELETE		'-ST-2IP			Addition
NAME	GARCIA, EDUARDO	☐ DETEIE	2.1 TITL	1		☐ Change	Addition
STREET ADDRESS	5005 S.W. 87TH AVE.		2.2 NAV	_			
CITY-ST-ZIP	-MIAMI, FL-00000		2.3 STR	EET ADDRESS	, •		
TITLE	S	C DEI CTE		/-ST-ZIP		<u> </u>	
NAME	ORLANDO, GARCIA	☐ DELETE	3.1 TITL			☐ Change	☐ Addition
STREET ADDRESS	8501 SW 72 TERRACE		3.2 NAM	E .	•		Ì
CITY-ST-ZIP	MIAMI FL 33143		3.3 STR	ET ADDRESS			
TITLE		M DOLETE	3.4. CITY	·			
NAME		☐ DELETE	4.1 TITLE			Change	Addition
STREET ADDRESS			4. 2 NAM	E			
CITY-ST-ZIP			4.3 STRE	ET ADDRESS		;	}
TITLE			4.4 CITY-				
NAME		☐ DELETE	5.1 TITLE	I .		☐ Change	☐ Addition
STREET ADDRESS			5.2 NAME	.		• •	
				ET ADDRESS		•	1
CITY-ST-ZIP TITLE			5.4 CITY-			·	ļ
NAME		☐ DELETE	6.1 TITLE	1		☐ Change	☐ Addition
			6.2 NAME			. 1	}
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP			64 CITY-	ST. 7ID		,	,

14. Thereby 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 Block 12 or Block 13 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE!

305-591-9461