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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 7:52

DOCUMENT # **563427** **(4)**

1. Corporation Name
MESA & MESA CASTING, INC.

Principal Place of Business	Mailing Address
7125 S.W. 47TH STREET UNIT 304 MIAMI FL 33155	7125 S.W. 47TH STREET UNIT 304 MIAMI FL 33155

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/29/1978	3a. Date of Last Report 04/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1808246	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MESA, PEDRO 3253 S.W. 25TH TERRACE MIAMI FL 33012	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: _____ DATE
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DV	11 TITLE	☐ Change ☐ Addition
12 NAME	MESA, OLGA	12 NAME	
13 STREET ADDRESS	3253 S.W. 25TH TERRACE	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	TD	21 TITLE	☐ Change ☐ Addition
22 NAME	MESA, CARLOS	22 NAME	
23 STREET ADDRESS	1870 SW 15TH STREET	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
31 TITLE	PD	31 TITLE	☐ Change ☐ Addition
32 NAME	MESA, PEDRO	32 NAME	
33 STREET ADDRESS	3253 S.W. 25TH TERRACE	33 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: Pedro Mesa **Pedro Mesa President** 1/10/95 (305) 667-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0144048 CP