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 # 676557

1. Corporation Name

	C METALS CORPORATION						
Principal Place	e of Business	Mailing Address			- 100410 01311 14212 0110; 5110) 61111 1011 21		
12900 N.W. 38 TH AVE. 12900 N.W. 38 TH AVE.							
MIAMI FL 33054 MIAM		MIAMI FL 33054	AMI FL 33054		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		·-
					07/15/1980	<u> </u>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	olied For
21		26			59-2023878		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & Stat	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	· 1
Zip 24	Country 25	Zip	Country 30	у	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Curren				10. Name and Address of New Register	red Agent	
			81	1 Name			
	IN, RICHARD		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ISW 21 ST				existed the second of the	- 43434 Ave. 1555. 5.	(2) 2 200 (1981)
PLA	NTATION FL 33317		83	3			は7別版]
			84	4 City	<u>्राप्तिक विकास के अपने के अपने</u> अपने के अपने क	85 Zip C	odě
		O and 607 1509 Florida Statut	os the abov	ve-named com	poration submits this statement for the purpos	e of changing its	registered
	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a tions of, Section 607.0505, Flor	rida Statute	s.	poration submits this statement for the purposion's board of directors. I hereby accept the a		registered pistered
office or agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga X Signature, typed or printed name of registered agen	of Florida. Such change was autions of, Section 607.0505, Florint and title if applicable. (NOTE	rida Statute	s.	ed when reinstating) DATI	5	
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office or agent. I a SIGNATURE. 12. TITLE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen OFFICERS AN	of Florida. Such change was all titions of, Section 607.0505, Floring and title if applicable. (NOTE ID DIRECTORS	: Registered Age	ent signature require	ed when reinstating) DATI	S AND DIRECTO	RS IN 12
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CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an fee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of the Block 12 or Block 13 if changed of op an analysis.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

34 CTTY-ST-ZIP

SIGNATURE: X

TITLE

NAME

STREET ADDRESS

LINKED PED OR PRINTED, NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90015 049 ***150.00

685-8505

☐ Addition