FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Moriham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

F22353

(9)

ACIER CO., INC.

Principal Place of Business Mailing Address 306 CLEMATIS STREET WEST PALM BEACH FL 33401-4614 WEST PALM BEACH FL 33401-4614							
					3. Date Incorporated or Qualified 03/02/1981		of Last Report 26/1995
2. Principal Pla 21		2a. Mailing Addres	SS	-	4. FEI Number 59-2074043		Applied For Not Applicable
Suite, Apt		Suite, Apt. #, 6	etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		Gity & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 4	Country 25	Z(g)	Count 30	ry		□ No	under s 199.032,
	9. Name and Address of Cur	rent Registered Agent		-,	10. Name and Address of New R	egistered Ag	jent
COODY	ADV HADDY		8	1 Name			
GOODMARK, HARRY 811 NORTH OLIVE AVENUE			6:		ress (P.O. Box Number is Not Acceptab	le)	
WEST PA	ALM BEACH FL		8:				
			8-			J-1	85 Zip Code
familiar with SIGNATURE	od agent, or both, in the State of Fling, and accept the obligations of, Se By after types or protect name of registered ag	ection 607.0505, Florida St		poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	ointment as req	ing its registered office gistered agent. I am
12.	OFFICERS A	AND DIRECTORS	13.	or agration racture	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DI	IRECTORS IN 12
IILF	PD	☐ DELET			TISSITIONS OF STREET		Change Addition
IAME	ZIER, GUSTAVO		1.2 NAME	ŀ		_	
THEFT ADDRESS	306 CLEMATIS STREET		1.3 STREE	T ADDRESS			
1!Y-\$1-7IP	W. PALM BEACH FL STD		1.4 CiTY-	ST-ZIP			
ITLE	ZIER, ALBERTO	DEL ETE	2 1 TITLE				Change Addition
IAME IBEET ADDRESS	306 CLEMATIS STREET		2 2 NAME				
STY-ST-ZIF	W. PALM BEACH FL			T ADDRESS			
ilief		DELETE	2 4 C(TY-				Ot
IAME			3 2 NAME				Change
THEE ADDRESS				T ADDRESS			
TY-SI-ZiP			3 4 CiTY -				
ilL!		DELETE					Change
AMF			4.2 NAME			-	-
*REET ADDRESS			4.3 STREE	1 ADDRESS			
rty-ST-7P			4.4 CITY-	ST- ZIP	·		
fTLF range		DELETE					Change
AMF			5 2 NAME				
THEE LADDRESS			5 3 STREE	ı			
HY ST-ZIF		DELETE	5 4 CITY - 5 6 1 TITLE	ST-ZIP			
IAMÉ			6 2 NAME			Пΰ	Change
THEE! ADDRESS			63 STREET	TADORESS			
11Y-S1-79			64 CITY-5				
oath: that I		oration or the receiver or t	y furnished and doe Il annual report is tru	s not qualify fo	or the exemption stated in Section 119.0 te and that my signature shall have the s report as required by Chapter 607, Flor		

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-P-96

Daytime Phone #

CR2E034 (12/95)