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1995 MAY -1 PM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F47453
1. Corporation Name
P.T.E. Strand Co., Inc.

Principal Place of Business: **840 W. 20th ST. HIALEAH, FL 33010**
Mailing Address: **840 W. 20th ST. HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suto, Apt #, etc.		26 Sute, Apt #, etc.		09/30/1981	04/29/1994
22 City & State		27 City & State		4. FEI Number	Applied For
24 Zip		29 Zip		59-2139154	Not Applicable
25 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under S 199 032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SERGIO P. DALMAU 840 W. 20 th ST. HIALEAH, FL 33010				81	Name		
				82	Street Address (P O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	DALMAU, NORA <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		13 STREET ADDRESS	10700 S.W. 109 CT. #138
CITY ST ZIP		14 CITY ST ZIP	MIAMI, FL 33176
TITLE		21 TITLE	P/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	DALMAU, SERGIO P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23 STREET ADDRESS	11317 S.W. 111 ST.
CITY ST ZIP		24 CITY ST ZIP	MIAMI, FL 33176
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	600001492806
CITY ST ZIP		34 CITY ST ZIP	-05/18/95--01002--024
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	Taw
STREET ADDRESS		53 STREET ADDRESS	5-1-95
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(k), 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:  **SERGIO P. DALMAU** **4-28-95** **305-863-3409**
Signature and typed or printed name of signing officer or director. (Date) (Daytime Phone #)