

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F47453 (8)
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**

3. Date Incorporated or Qualified: **09/30/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2139154**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SERGIO P. DALMAU
840 W. 20TH ST.
HIALEAH FL 33010

10. Name and Address of New Registered Agent
81 Name: **SERGIO P. DALMAU**
82 Street Address (P.O. Box Number is Not Acceptable): **11317 S.W. 111 ST.**
83
84 City: **MIAMI** FL 85 Zip Code: **33176**

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: *Sergio P. Dalmau* **SERGIO P. DALMAU** DATE: **4-24-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: DALMAU, NORA STREET ADDRESS: 10700 SW 109TH CT #138 CITY-ST-ZIP: MIAMI, FL 33176	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:
TITLE: PS <input type="checkbox"/> DELETE	NAME: DALMAU, SERGIO P. STREET ADDRESS: 11317 SW 111 ST CITY-ST-ZIP: MIAMI, FL 33176	2.1 TITLE: President, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: DALMAU, SERGIO P. 2.3 STREET ADDRESS: 11317 S.W. 111 ST 2.4 CITY-ST-ZIP: MIAMI, FL 33176
TITLE: <input type="checkbox"/> DELETE	NAME: DALMAU, SERGIO A. STREET ADDRESS: 11317 S.W. 111 ST CITY-ST-ZIP: MIAMI, FL 33176	3.1 TITLE: Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: DALMAU, SERGIO A. 3.3 STREET ADDRESS: 11317 S.W. 111 ST 3.4 CITY-ST-ZIP: MIAMI, FL 33176
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: <input type="checkbox"/> DELETE	NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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 an attachment with an address.

SIGNATURE: *Sergio P. Dalmau* DATE: **4-24-96** DAYTIME PHONE: **305-843-3409**

CR2E034 (12/95)