

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # F47729 (1)**

1. Corporation Name  
**PETE'S ORNAMENTAL IRON SHOP, INC.**



Principal Place of Business  
**ROBERTO**  
**C/O FLORENCIO PEREZ**  
**105 SW 57TH AVE**  
**MIAMI FL 33144**

Mailing Address  
**ROBERTO**  
**C/O FLORENCIO PEREZ**  
**105 SW 57TH AVE**  
**MIAMI FL 33144-3411**

3. Date Incorporated or Qualified **10/05/1981** 3a. Date of Last Report **06/06/1996**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number <b>59-2177906</b>	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
22	22. City & State	27	27. City & State	5	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	23. Zip	28	28. Zip	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	24. Country	29	29. Country	8	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			
<b>PEREZ, FLORENCIO</b> <b>105 SW 57TH AVE</b> <b>MIAMI FL</b>				81	Name <b>Roberto Perez</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>105 SW 57 AVE</b>		
				83			
				84	City <b>Miami</b>	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: *Roberto Perez* (NOTE: Registered Agent signature required when reinstating) DATE: *4/20/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, ROBERTO</b>	1.2 NAME	
STREET ADDRESS	<b>3645 SW 5TH TERR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 0</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, FLORENCIO</b>	2.2 NAME	
STREET ADDRESS	<b>105 SW 57TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 0</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Roberto Perez* **REQUIRED** DATE: *4/20/97* DAYTIME PHONE #: *214-1861*

CR2E034 (9/96)