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

PROFIT CORPORATION ANNUAL REPORT

P & H STRUCTURAL FORMING CORP.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F62727

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90104 049 ***150.00



Principal Place of Business Mailing Address						I 1001140 Ilita attia 11811 19816 11815 1981 BLBIT ANDIT BLBIT ATBIT ATBIT ANDIT BLBIT ATBIT ANDIT ATBIT
10255 SW 62 ST MIAMI FL 33173 US		10255 SW 62ND STREET MIAMI FL 33173 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						01/07/1982
2. Principal Pl	2a. Mailing Address	Mailing Address			4. FEI Number Applied For	
		26 Suite Ant # etc	Suite, Apt. #, etc.			59-2161889 Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		⊢	27			5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24 25 29 30 9. Name and Address of Current Registered Agent			30	_		10 Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 81 Name					10,	
HERNANDEZ, JORGE						Ideas (D.O. Bay Number is Not Accoptable)
1150	1 SW 80TH TERRACE		82 Street Addr		Street Ad	Idress (P.O. Box Number is Not Acceptable)
MIAM	II FL 33173			83		
				84	City	85 Zip Code
007 0500 L007 4500 Florida the el					named so	reportion submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportice 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						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable. (NOTE	Registered	i Agent	signature requ	ired when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 Ti	TLE	f	President Dehange Addition
NAME	HERNANDEZ, INOCENTE		1.2 NAME			Inocente Hernandez
STREET ADDRESS	4140 SW 84TH AVE		1.3 STREE		ADDRESS	100555W 625I
CITY-ST-ZIP	MIAMI, FL 00000		1.4 C	ITY-ST	-ZIP	M.ami, A. 33123
TITLE	ST	☐ DELETE	2.1 T	TLE		Change Addition
NAME	HERNANDEZ, JORGE		2.2 NAME			
STREET ADDRESS			2.3 S	TREET	ADDRESS	
CITY-ST-ZIP	1111 11111, 1 2 0 0 0 0		HY-S1	T-ZIP	☐ Change ☐ Addition.	
TITLE		DELETE -	3.1 T		- -	
NAME			3.2 N			<i>'</i> .
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY- ST-ZIP			•
CITY-ST-ZIP		☐ DELETE	3.4. C		1-ZIP	☐ Change ☐ Addition
TITLE				IAME		
NAME CERTES ADDRESS			i i		ADDRESS	
STREET ADDRESS				ITY-ST		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C		- <u>u</u> r	Change Addition
NAME				AME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-ST		
TITLE	<u> </u>	☐ DELETE	6.1 T	MLE		☐ Change ☐ Addition
NAME		_	6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
3						Í

14. I 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, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR