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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003569 (0)

AIRPORT METALS INCORPORATED

Principal Place of Business	Mailing Address
6099 TRIANGLE DRIVE	6099 TRIANGLE DRIVE
COMMERCE CA 90010	COMMERCE CA 90040-3642

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address										
Principal Place of Business Mailing Address 6099 TRIANGLE DRIVE 6099 TRIANGLE DRIVE COMMERCE CA 90040 COMMERCE CA 90040-3642										
						3. Date Incorporated or Qualified	3a. Da	ite of Las	Report	
						07/07/1994		19/1996	•	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 26						95-3290456 Not Applic				
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired					5 Additional	
22 27						v. Commodite of Clarks Sessing		Fee	Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be			
23	County	~· ·· · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution Added to Fees				
Zip 24	Country	⊢ ′	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curren	29 Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
100		it tregisteree Agent		81	Name	to, mario and Hadross of North Ha	jiotorou ,	- goin		
	KAMS, JOANN									
637 KENSINGTON PLACE				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
WILTON MANORS FL 33305		}	83							
					·					
				84	City		FL	85 Z	p Code	
agent. i a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	is authorized Florida Stati	by t utes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	t the app	ointment	as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and tille if applicable. (N	IO1t · Registered	l Agent	! signa!ure requ	uired when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PD	☐ DEL€TE	1.1 10	ĻF				L Chang	e 🔲 Addition	
NAME	BLIVAS, LARRY		1.2 NA	ME						
STREET ADDRESS	148 SO. WESTGATE AVENUE		1		DDRESS					
CITY-ST-ZIP	LOS ANGELES CA			IY-SI-	ZIP			Chann	e 🔲 Addition	
TITLE			1	21 HTLE				Chang	R T YOU'UU	
NAME	BLIVAS, DARNOLD		2.2 NA							
STREET ADDRESS	1047 NAPOLI DRIVE		- 4		DDRESS					
CITY-ST-ZIP TITLE	PACIFIC PALISADES CA	DELETE	2. 4 CI 3.1 TII	TY-ST	- 7(P			Chano	e 🔲 Additio	
NAME	BLIVAS, PHYLLIS	Aprille	3.1 NA		1			L. Johang	O LI HOGINO	
STREET ADDRESS	1047 NAPOLI DRIVE				DDRESS					
CITY-ST-ZIP	PACIFIC PALISADES CA		I	TY-ST	1					
TITLE	THE TABLETON	DELETE	4.1 TIT			D		Chang	e Addition	
NAME			4.2 N		á	LIVAS THUE				
STREET ADDRESS					ODRESS 1	LIVAS, TALIE 18 50. WESTGATE AVG	146			
CITY-ST-ZIP				IY-\$1-	7IP 2	OS ANORES, CA	-			
TITLE		☐ DELETE	5.1 1/1					Chang	e Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$1	RECT A	DDRESS					
CITY-ST-ZIP			5.4 CI	IY-\$T-	- ZIP					
TITLE		DELETE	6.1 Tri					Chang	e Additio	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 51	REET A	DORESS					
CITY-ST-ZIP	<u> </u>		6.4 CI	1y - \$1-	- 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 trusted 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.

DARNOTO BLOCK 12 or Block 12 or Block 13 if changed in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 trusted 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.