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

PROFIT CORPORATION **ANNUAL REPORT** 1998 AIRPORT METALS INCORPORATED Principal Place of Business 6099 TRIANGLE DRIVE COMMERCE CA 80040 2. Principal Place of Business 21 26 Suite, Apt. #, etc 22 City & State

ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003569 (0)

FILED May 27 1998 8:00am Secretary of State

Mailing Address 6099 TRIANGLE DRIVE COMMERCE CA 90040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1994 Applied For 2a. Mailing Address 4. FEI Number 95-3290456 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fee Zip Country Zψ Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ABRAMS, JOANN **637 KENSINGTON PLACE** 82 Street Address (P.O. Box Number is Not Acceptable) **WILTON MANORS FL 33305** 83 84 City Zip Code 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 Fanda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: flogistered Agent signature required when reinstating) Signature, typed or printed femore of registered agreet and the stapper about 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition TITLE 1.1 TITLE **BLIVAS, LARRY** NAME 148 SO. WESTGATE AVENUE STREET ADDRESS 1.3 STREET ADDRESS **LOS ANGELES CA** CITY-ST-ZIP 1.4 CITY- ST-ZIP CD DELETE Change Addition 2.1 TITLE TITL F **BLIVAS, DARNOLD** NAME 2.2 NAME 1047 NAPOLI DRIVE STREET ADDRESS 2.3 STREET ADDRESS **PACIFIC PALISADES CA** 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE BLIVAS, JULIO **BLIVAS, JAMIE** NAME 3.2 NAME 148 SO WESTGATE AVE STREET ANDRESS 3.3 STREET ADDRESS LAS ANGELES CA CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME **4** 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-24P 4.4 CHTY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-ST-ZIP CITY-ST-ZIP DELETE Addition 61 111LE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SY-ZIP

14. Thereby 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 eath; 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 with an address

05/18/98

(213) 722-2500