

G-34851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

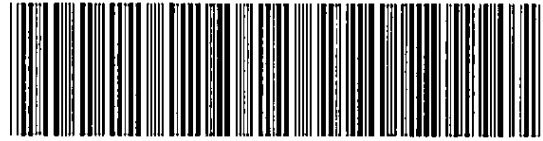
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600343303776

# G34851M

4898 4/28/83  
4898 4/28/83  
4898 4/28/83

VALIDATION ONLY

Requestor's Name: Guillermo Dora

Address: Perce de la Cruz

City: San Antonio State: TX ZIP: 78148 Phone: 9002

CORPORATION(S) NAME: Perce de la Cruz

RECEIVED  
APR 15 2 20 PM '83  
SECRETARY OF STATE  
HARRIS COUNTY, TEXAS

PROFIT       AMENDMENT       MERGER

NON-PROFIT       FOREIGN       DISSOLUTION       MARK

LIMITED PARTNERSHIP       ANNUAL REPORT       RESERVATION

REINSTATEMENT       OTHER

CERTIFIED COPY       PHOTO COPIES       CERTIFICATE UNDER SEAL

WALK IN       WILL WAIT       PICK UP       MAIL OUT       CALL       AFTER 4:30

Name: EM

Availability: EM

Updater: AJE

Updater: DSW      APR 22 1983

Updater Verifier: KL      4/25

Acknowledgment: 4/25/83

W.P. Verifier:

Tuesday

COPY: 50

FILED: 15

SEARCHED: 3

SERIALIZED: 15

INDEXED: 83

G34551

ARTICLES OF INCORPORATION  
OF  
ROMA CASTING, INC.

The undersigned hereby join and unite in the common purpose of organizing a corporation for profit, by and under the Articles following governed by and in accordance with the laws of the State of Florida.

ARTICLE I

The name of the corporation is ROMA CASTING, INC.

ARTICLE II

This corporation shall have a perpetual existence, unless and until it shall be determined that, pursuant and in accordance with the procedure as set forth by law, the corporation shall undergo dissolution.

ARTICLE III

To such extent as a corporation organized under the Business Corporation law of this State may now or hereafter lawfully do, to do, either as principal or agent and either alone or in connection with other corporations, firms or individuals, all and everything necessary, suitable, convenient or proper for, or in connection with, or incident to, the accomplishment of any of the purposes of the attainment of any one or more of the objects herein enumerated, or designed directly or indirectly to promote the interests of this corporation or to enhance the value of its properties; and in general to do any and all things and exercise any and all powers, rights and privileges which a corporation may now or hereafter be organized to do or to exercise under the Business Corporation law of this State or under any act amendatory thereof, supplemented thereto, or substituted therefor.

ARTICLE IV

This corporation shall have an authorized issue of one hundred (100) shares of Common Stock of no par value and said shares shall be nonassessable and shall contain rights of preemption.

ARTICLE V

This corporation shall commence its business with a capital stock of five hundred and no/100 (\$500.00) Dollars.

ARTICLE VI

This corporation shall not be limited as to the manner of location of its office or places of business within and without the State of Florida, and in any foreign countries, as may be necessary and convenient, but the principal office of the corporation shall be 139 N.E. 1st Street, Room 424, Miami, Florida 33132.

ARTICLE VII

The names, post office addresses, number of shares, and value of each share of each subscriber to this Certificate of Incorporation are as follows:

|            |            |  |
|------------|------------|--|
| LUIS REYES | 100 shares | 2382 Alton Road<br>Miami Beach, Fla. 33140 |
|------------|------------|--|

ARTICLE VIII

Every shareholder, upon the sale for cash of any stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE IX

The street address of the initial registered office of this corporation is 139 N.E. 1st Street, Room 424, Miami, Florida 33132, and the name of the initial registered agent of this corporation is LUIS REYES.

ARTICLE X

The corporation shall have ~~two~~<sup>three</sup> directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than two. The names and addresses

of the initial directors of this corporation are:

|                      |                   |                         |
|----------------------|-------------------|-------------------------|
| ORTELIO ARCIA        | LUIS REYES        | CARLOS A. REZZANO       |
| 1422 S.W. 16 Street  | 2382 Alton Road   | 4469 Post Avenue        |
| Miami, Florida 33145 | Miami Beach, Fla. | Miami Beach, Fla. 33140 |

#### ARTICLE XI

The business of this corporation shall be managed by a Board of Directors of not less than two (2) directors, who shall be subject only to such limitations as may be provided by this Certificate of Incorporation or an amendment thereof; such Board of Directors shall have full control over the affairs of the corporation and may authorize the exercise of all its corporate powers; a majority of the Board of Directors of the corporation, at a meeting duly assembled, shall be necessary to constitute a quorum for the transaction of business, and the act of a majority of the directors present at a meeting at which a quorum is present, shall be the act of the Board of Directors, it shall not be necessary for directors to be stockholders, subject to the By-Laws, if any, adopted by the stockholders, the directors may make the By-Laws of the Corporation directors' meetings which may be held without or within the State.

#### ARTICLE XII

The Board of Directors may, by resolution, designate one or more of their number to constitute an executive committee, who to the extent provided in such resolution or in the By-Laws of the corporation, shall have and may exercise the power of the Board of Directors in the management of the affairs and property of the corporation and the exercise of its corporate powers.

#### ARTICLE XIII

This corporation shall have a president, who shall be a director a secretary and a treasurer and a vice president. They shall be chosen

by the Board of Directors and shall hold their offices until their successors are chosen and qualified. This corporation may have more than one assistant secretary, and assistant treasurers, who need not be directors and such officers, agents and factors as may be deemed necessary. All officers, agents, and factors shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the By-Laws and determined by the Board of Directors. Any person may hold two or more offices except that the President shall not also be the secretary or an assistant secretary of the corporation. The officers are as follows:

|                   |                     |
|-------------------|---------------------|
| LUIS REYES        | President           |
| CARLOS A. REZZANO | Vice President      |
| ORTELIO ARCIA     | Secretary/Treasurer |

#### ARTICLE XIV

This corporation may, by action taken at any meeting of its Board of Directors, sell, lease or exchange all of its franchises or any property or assets essential to its corporate business, upon such terms and conditions as its Board of Directors deem expedient when and as authorized by the affirmative vote of stockholders or record-holding stock in the corporation entitling them to exercise at least a majority of the voting power on a proposal to sell, lease or exchange all the property and assets of the corporation, given at a stockholders' meeting called for the purposes aforementioned, or when authorized by the written consent of the stockholders of record holding stock in the corporation entitling them to exercise fifty-one (51) percent of the voting power on such proposal.

#### ARTICLE XV

At each election for directors every stockholder entitled to vote at such election shall have the right to cumulate his votes as the number of directors to be elected at that time multiplied by the number

of his shares, or by distributing such votes on the same principle among any number of such candidates.

ARTICLE XVI

Members of the Board of Directors may participate in (special) meetings of the Board of Directors by means of conference telephone as provided by law, but (regular) meetings of the Board of Directors must be attended in fact in person by each director.

ARTICLE XVII

The stated capital of this corporation shall not be reduced by action of the Board of Directors where such reduction is not accompanied by any action requiring or constituting an amendment of the Articles of Incorporation.

ARTICLE XVIII

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE XIX

The provisions of this Charter, and each and every Article and section hereof, and the By-Laws of this corporation shall be considered a part of every contract and transaction to which this corporation shall be a party. Each person associated and/or corporation dealing with this corporation is charged with notice and knowledge of this corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this

17th day of April, 1983.

  
\_\_\_\_\_  
LUIS REYES

STATE OF FLORIDA )  
COUNTY OF DADE ) ss

BEFORE ME, the undersigned authority, personally appeared before me, LUIS REYES, to me well known to be the person described in and who executed and subscribed to the foregoing Articles of Incorporation, and acknowledged that he executed the same for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 17th day of April, 1983.

  
\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

My Commission Expires:

STATE OF FLORIDA

DEPARTMENT OF STATE

Certificate designating place of business or domicile for the service of process within the State, naming agent upon whom process may be served and names and addresses of the Officers and Directors

-----  
The following is submitted in compliance with Chapter 48.091, Florida Statutes

ROMA CASTING, INC.

a corporation organized (or organizing) under the laws of the State of Florida, with its principal office at 139 N.E. 1st St. Room 424, Miami, Florida 33132

and has named LUIS REYES as its agent to accept service of process within the State.

| <u>Officers</u>   | <u>Title</u>   | <u>Address</u>                              |
|-------------------|----------------|---|
| LUIS REYES        | President      | 2382 Alton Road<br>Miami Beach, Fla. 33140  |
| CARLOS A. REZZANO | Vice President | 4469 Post Avenue<br>Miami Beach, Fla. 33140 |
| ORTELIO ARCIA     | Sec./Treas.    | 1422 S.W. 16 Street<br>Miami, Florida 33145 |

Directors

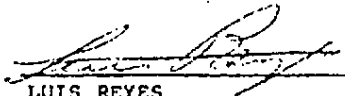
|                   |   |
|-------------------|---|
| LUIS REYES        | 2382 Alton Road<br>Miami Beach, Fla. 33140  |
| CARLOS A. REZZANO | 4469 Post Avenue<br>Miami Beach, Fla. 33140 |
| ORTELIO ARCIA     | 1422 S.W. 16 Street<br>Miami, Florida 33145 |

By: 

LUIS REYES

ACCEPTANCE:

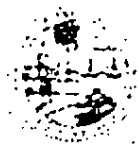
I agree as Resident Agent to accept Service of Process; to keep offices during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law.

  
LUIS REYES  
Resident Agent



CORPORATION  
ANNUAL REPORT

1984



Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation or Principal Office

158451  
ROMA CASTING, INC.  
3 LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

2. Enter Change of Address of the Principal Office, the Business Name or Both, if Applicable

3. State of Incorporation

4. Date of Incorporation or Qualification to Do Business in Florida

5. Federal Employer Identification Number (EIN)

6. State of Incorporation

7. Name and Street Address of Each Officer and Director, as of December 31, 1983

8. Name and Address of Current Registered Agent

REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

9. Name and Address of New Registered Agent

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State   |
|---------------------------------|-------|--|------------------|
| ARCIA, ORTELIO                  | S/T/O | 1422 S.W. 16TH ST.   | MIAMI, FL.       |
| REYES, LUIS                     | P/O   | 2382 ALTON RD.   | MIAMI BEACH, FL. |
| REZZANO, CARLOS A.              | V/O   | 4469 POST AVE.   | MIAMI BEACH, FL. |

10. Signature Restrictions (When Restricted, Indicate on Reverse Side of This Form)

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, Florida Statutes, and I Understand My Signature On This Report Shall Have the Same Legal Effects as if Made Under Seal.

Signature: \_\_\_\_\_ Date: 03-16-84

Typed Name of Signing Officer: ORTELIO ARCIA Title: PRESIDENT

Corporate Number: 600-200-3094

\$3.00 additional fee required for Registered Agent changes.

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION  
ANNUAL REPORT  
1985



CLERK OF THE DEPARTMENT OF STATE  
3000 GULF BLVD.  
TALLAHASSEE, FLORIDA 32301  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

634851  
POMA CASTING, INC.  
LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

2. If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. If an Agent for Change of Address of Corporation has been designated, P.O. Box Number, if any, is NOT sufficient.

Street Address: \_\_\_\_\_  
P.O. Box No.: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

4. Date of Incorporation or Qualification in Florida: 04/15/1983

4. Federal Employer Identification Number (FEIN): \_\_\_\_\_

5. Date of Last Report: 02/03/1984

6. Name and Street Address of Each Officer and Director, as of December 31, 1984

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City, State and Zip Code |
|---------------------------------|-------|--|--------------------------|
| ARCIA, ORTELIO                  | S/T   | 1422 S.W. 16TH ST.   | MIAMI, FL.               |
| REYES, LUIS                     | P/D   | 2382 ALTON RD.   | MIAMI BEACH, FL.         |
| REZZANO, CARLOS A.              | V/D   | 4469 POST AVE.   | MIAMI BEACH, FL.         |

Registered Agent Information

| Name and Address of Current Registered Agent                  | Name and Address of New Registered Agent   |
|---|--|
| REYES, LUIS<br>139 N.E. 1ST ST., ROOM 424<br>MIAMI, FL. 33132 | Name: _____<br>Street Address (Do NOT Use P.O. Box Number): _____<br>City and State: _____ Zip Code: _____ |

I, the undersigned, in the presence of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, organized under the laws of the State of Florida, submit 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 resolution duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

See signature instructions under instructions on reverse side of this form.

I, \_\_\_\_\_, do hereby certify that I am an Officer of the Corporation, the Register or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. My Office Certifies That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Where Applicable as set forth in D.P.A. 61)

Signature: \_\_\_\_\_ Date: 07/30/85

Name of Signing Officer: LUIS REYES Telephone Number: \_\_\_\_\_

\$5 additional fee required for a Certificate of Status

ANNUAL REPORT

1985/1986



Department of Banking and Finance  
Corporate Finance  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Apr 3 11 07 AM '86

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation (Principal Office)

GENESI 7  
ROMA CASTING, INC.  
LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL.

33132

2. Enter Change of Address of Corporation's Principal Office (P.O. Box Number Above is NOT Subject)

Street Address

P.O. Box No.

City

State Zip Code

If the above address is incorrect in any way, enter the correct address in column 2 below (Zip Code)

Date Incorporation (or Dissolved) To Be Reported in 8 (code)

04/15/1982

4. Federal Employer Identification Number (EIN)

5. Date of Last Report 02/03/1984

Names and Street Addresses of Each Officer and Director as of December 31, 1984

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State   |
|---------------------------------|-------|--|------------------|
| 1. GARCIA, ORTELIO              | S/T/D | 1422 S.W. 18TH ST.   | MIAMI, FL.       |
| 2. REYES, LUIS                  | P/D   | 3362 ALTON RD.   | MIAMI BEACH, FL. |
| 3. REZZANO, CARLOS A.           | V/D   | 4469 POST AVE.   | MIAMI BEACH, FL. |
| 4.                              |       |  |                  |
| 5.                              |       |  |                  |

Registered Agent Information

1. Name and Address of Current Registered Agent

5. Name and Address of New Registered Agent

REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL.

33132

This report is filed with the Division of Banking and Finance, Department of Banking and Finance, registered under the laws of the State of Florida. It is subject to the provisions of Chapter 689, Florida Statutes, and the provisions of any rules or regulations adopted by the Board of Directors.

Florida does not require the appointment of registered agent. Any failure to comply with the provisions of Section 607.001 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

Handwritten signature and date 3/4/86

1. Cert. This is an Annual Report of the Corporation. The Return or Report is required to be filed by Chapter 689 F.S. Further Copies of this Return and Material Herein This Report Shall Have the Same Legal Effects as if Made Under Oath.

Handwritten signature of Luis Reyes

PRESIDENT

3/4/86

\$5 additional fee required for a Certificate of Status

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987**

REGISTRATION  
 STATE OF FLORIDA  
 1987



STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 1900 N. W. 10TH AVENUE  
 MIAMI, FLORIDA 33132

**Read Notice and Instructions on Other Side Before Making Entries**  
 **filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

33-451  
 BATH CASTING, INC.  
 LUIS REYES  
 139 N.E. 1ST ST., ROOM 424  
 MIAMI, FL. 33132

1. Enter Change of Address of Corporation or Partnership  
 Office: P.O. Box Number, Street, City, State, Zip  
 2. Enter Date of Filing  
 3. Enter Date of Report  
 4. Enter Date of Report

1. Enter Name of Officer or Director  
 2. Enter Title of Officer or Director  
 3. Enter Address of Officer or Director  
 4. Enter City and State of Officer or Director

| Name of Officer or Director | Title | Address of Officer or Director | City and State   |
|-----------------------------|-------|--------------------------------|------------------|
| ORTOLIO, ORTELIO            | S/T/D | 1432 S.W. 16TH ST.             | MIAMI, FL.       |
| REYES, LUIS                 | P/D   | 2382 ATLON RD.                 | MIAMI BEACH, FL. |
| REYNOLDS, CARLOS A.         | V/D   | 4469 POST AVE.                 | MIAMI BEACH, FL. |

**REGISTERED AGENT INFORMATION**

REYES, LUIS  
 139 N.E. 1ST ST., ROOM 424  
 MIAMI, FL. 33132

1. Enter Name of Registered Agent  
 2. Enter Address of Registered Agent  
 3. Enter City and State of Registered Agent

4. Enter Date of Appointment  
 5. Enter Date of Appointment

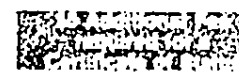
**\$3.00 additional fee required for Registered Agent changes.**

6. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.  
 7. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of the State of Florida.

*Luis Reyes*  
 Luis Reyes

Pres.

02/11/87  
 (305) 358-3804



**FILE NOW: ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1988



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State**

Name and Address of Corporation Report:

634851  
ROMA CASTING, INC.  
W LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

2. Other Change of Address of Corporation Report:  
Check P.O. Box Number Above and T. Number

Street Address

P.O. Box Number

City and State

Zip Code

3. Other Address Information: (Use for alternate addresses)  
Check to include P.O. Box

4. Date of Qualification: **04/15/1983** 5. Federal Employer ID No.: **59-2308904** 6. Date of Last Report: **02/19/1987**

| Name of Director or Officer | Title | Street Address of Home | City and State   |
|-----------------------------|-------|------------------------|------------------|
| ARCIA, ORTELIO              | S/T/D | 1422 S.W. 16TH ST.     | MIAMI, FL.       |
| REYES, LUIS                 | P/D   | 2382 ALTON RD.         | MIAMI BEACH, FL. |
| MEZZANO, CARLOS A.          | V/D   | 4469 POST AVE.         | MIAMI BEACH, FL. |

**REGISTERED AGENT INFORMATION**

**1. Name and Address of Current Registered Agent**

REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

**2. Name and Address of New Registered Agent**

Street Address (Use ZIP Code and P.O. Box Number, if)  
City and State (Do NOT use P.O. Box Number) (3)  
Zip Code (5)

FL

This report is the responsibility of the filer and is subject to the provisions of the Florida Statutes, Chapter 215, Florida Statutes, which require the filer to provide true and accurate information. The filer is responsible for the accuracy of the information provided. The filer is also responsible for the payment of the filing fee. The filer is also responsible for the maintenance of the corporation's records. The filer is also responsible for the compliance with the Florida Statutes, Chapter 215, Florida Statutes.

6. Signature of Registered Agent: \_\_\_\_\_ DATE: \_\_\_\_\_

7. Signature of President of Corporation: \_\_\_\_\_

8. Signature of Secretary of Corporation: \_\_\_\_\_

Luis Reyes

President

3-16-88

305-3100

35 Dollars Fee  
required for  
this Certificate of Incorporation

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION  
ANNUAL REPORT  
1989



FLORIDA DEPARTMENT OF REVENUE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

1990 MAY 22 PM 8 43

FLORIDA DEPARTMENT OF REVENUE  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA

Head Office and Instructions on Other Side Before Making Entries  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office  
 334851 7  
 ROMA CASTING, INC.  
 LUIS REYES  
 139 N.E. 1ST ST., ROOM 424  
 MIAMI, FL. 33132-2528

ZIP + 4

If above address is incorrect in any way, insert the correct address in space 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Along with P.O. Number

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3. Date of Annual Report Overdue 04/15/1989

4. Federal Employer Identification Number (FEIN) 59-2308904

5. Date of Last Report 03/23/1988

6. Name and Address of Each Officer and Director as of December 31, 1988

| 1. Title | 2. Name of Officer and Director | 3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4. City and State           |
|----------|---------------------------------|---|-----------------------------|
| S/T/D    | ARCIA, ORTELIO                  | 1422 S.W. 16TH ST.  | MIAMI, FL.                  |
| P/D      | REYES, LUIS                     | <del>2382 ADYON RD.</del>   | <del>MIAMI BEACH, FL.</del> |
| M/D      | <del>ESTRADA, CARLOS A.</del>   | <del>4409 POST AVE.</del>   | <del>MIAMI BEACH, FL.</del> |
| P        | ELCIDA RODRIGUEZ                | 4409 POST AVE.  | MIAMI BEACH FL.             |

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

REYES, LUIS  
 139 N.E. 1ST ST., ROOM 424  
 MIAMI, FL. 33132

Name and Address of Former Registered Agent

Name 51

Street Address 1, Do NOT Use PO Box Number 52

Street Address 2, Do NOT Use PO Box Number 53

City and State 54

Zip Code 55

I, the undersigned, as President of Section 607 (24) and 607 (37), Florida Statute, the above named corporation, hereby file under the laws of the State of Florida, subject to the provisions of said Statute, the foregoing Annual Report of Registered Office or Registered Agent, or both, in the State of Florida.

I hereby certify that the appointment of registered agent is in compliance with and beyond the obligations of Section 607 (2) FS.

SIGNATURE: *[Signature]* Approved Agent Accepting Appointment DATE: *[Date]*

10. The above corporation, one has transferred to Florida in Florida

Get signature restrictions under instructions on reverse side of this form

I Certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I hereby certify that I understand my Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. Officer or Director Listing must be listed in Box 6-1

*[Signature]* *[Signature]*

05/11/90

305-577-0659

No Additional Fees  
 Required for  
 Officers of

**FILE NOW! THIS REPORT MUST BE FILED BY NOVEMBER 7, 1990 OR THIS CORPORATION WILL BE DISSOLVED. FEE TO REINSTATE IS \$236.25**

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS

90 AUG 15 PM 5:51

Read Notice and Instructions on Other Side Before Making Entries  
**Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State**

Name and Address of Corporation Principal Office

**G34851 7**

ZIP + 4 PRESORT

**ROMA CASTING, INC.  
& LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132-2539**

Multiple addresses are permitted only when they are from the same address system & include Zip Code

2. If Address Book is used, the company may receive the address book PD for further use. (NOI) and will be responsible for its return to the Secretary of State.

Street Address  
PO BOX  
City and State  
Zip Code

Date of Report: **04/15/1983** FCI Number: **59-2308904** FCI Number Assigned to FCI Number: **59-2308904**

Name and Address of Officers and Directors (Do not use any address other than that of the corporation)

1. Name of Officers and Directors  
2. Street Address of Each Office and Director (Do not use any address other than that of the corporation)  
3. City and State

*V/S/A* **ARCIA, ORTELIO** **1422 S.W. 16TH ST.** **MIAMI, FL.**

*P* **REZZANO, ELBIA** **4469 POST AVENUE** **MIAMI BEACH, FL.**

*P* **Reyes, Luis** **139 N.E. 1ST ST., ROOM 424** **MIAMI, FL. 33132**

**REGISTERED AGENT INFORMATION**

Name and Address of Current Registered Agent

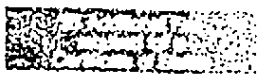
**REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132**

This information is required beginning on 1/1/83 and for 1983. Every office has the responsibility to provide this information to the Secretary of State. The Secretary of State will not be responsible for the accuracy of the information provided by the corporation. The Secretary of State will not be responsible for the accuracy of the information provided by the corporation.

Signature of Registered Agent

Date of Report

*[Handwritten signatures and dates]*



FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

FD-202 (7-77)

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
JAY BISHOP  
Secretary of State  
DIVISION OF CORPORATIONS

Read Notice and Instructions on Cover 500 Before Making Entries  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

G34851 7

ZIP + 4 PRESORT

ROMA CASTING, INC.  
& LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132-2539

2. If Address in Block 1 is incorrect in any way, enter the correct address below. PO Box number doesn't count. The name of the Corporation can be changed only by filing an amendment.

Short Address 21  
PO Box No. 22  
City and State 23  
Zip Code 24

If above address is incorrect in any way, enter the correct address in Item 2, including Zip Code.

|   |                           |  |                             |   |  |
|---|---------------------------|--|-----------------------------|---|--|
| Incorporated or Qualified<br>in Business in Florida<br>Date: <b>04/15/1983</b>            |                           | FBI Number<br><b>59-2308904</b>  |                             | FBI Number Applied For<br>FBI Number For Use Although<br>Not Applied For: _____ |  |
| Name and Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) |                           |  |                             |   |  |
| Name of Officers<br>and Directors   |                           | Street Address of Each<br>Officer and Director<br>(Do NOT Use Post Office Box Numbers) |                             | City and State  |  |
| <del>V/G/T</del>  | <del>ARICA, SATELIO</del> | <del>1422 S.W. 18TH ST.</del>  | <del>MIAMI, FL.</del>       |   |  |
| <del>P</del>  | <del>REZZANO, ELEGA</del> | <del>4460 POST AVENUE</del>  | <del>MIAMI BEACH, FL.</del> |   |  |
| P/S/  | REYES, LUIS               | 139 N.E. 1st Street<br>Room. 424   | Miami, Florida 33132        |   |  |

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent  
**REYES, LUIS**  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

Name of Registered Agent  
Street Address (Do NOT Use PO Box Numbers)  
City and State  
FL

STATE OF FLORIDA, Department of State, Division of Corporations, 1111 North Bay Street, Tallahassee, Florida 32304. The above information was obtained from the records of the State of Florida. It is not to be used for any purpose other than that for which it was provided. It is not to be used as evidence in any court of law. It is not to be used for any purpose other than that for which it was provided. It is not to be used as evidence in any court of law. It is not to be used for any purpose other than that for which it was provided. It is not to be used as evidence in any court of law.

DATE: \_\_\_\_\_

Only the officer and director of a corporation or partnership who are named in this report and who have the same legal status as the corporation or partnership named in this report are to be named in this report. Do not include names of persons who are not named in this report as required by Chapter 607, F.S.

X  
  
LUIS REYES

PRESIDENT





**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1991



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FL DEPT. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FL.  
FILED

442741

DO NOT WRITE IN THIS SPACE

**FILING FEE OF \$61.25 REQUIRED**

1 Name and Mailing Address of Corporation **DOCUMENT # G34851 (7)**

**ROMA CASTING, INC.  
& LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132-2539**

**ZIP + 4 PRESORT**

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address  
22 P.O. Box No.  
23 City and State  
24 Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified to Do Business in Florida **04/15/1983** 4 FEI Number **59-2308904** 5 FEI Number Assigned For **5** **\$8.75 Additional Fee required for a Certificate of Status**  
6 FEI Number Not Applicable **CERTIFICATE OF STATUS DESIRE**

7 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

| 1 Title | 2 Name of Officers and Directors | 3 Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers) | 4 City and State |
|---------|----------------------------------|--|------------------|
| P/S/T   | REYES, LUIS                      | 139 N.E. 1ST ST  | MIAMI, FL.       |
|         |                                  |  |                  |
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**REGISTERED AGENT INFORMATION**

7 Name and Address of Current Registered Agent  
**REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132**

8 Name  
9 Street Address (Do NOT use P.O. Box Numbers)  
10 Street Address (Do NOT use P.O. Box Numbers)  
11 City  
12 State

I, the undersigned, hereby certify that the above named person is a resident of this State and is qualified to act as a registered agent for the corporation named herein and that I am duly authorized to act as a registered agent for the corporation named herein and accept the responsibility of the registered agent as required by Sections 607.0505 and 607.0605, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

I hereby certify that the information indicated on this annual report is true and accurate and that my signature and seal have the same legal effect as if made in person. I further certify that I am an officer or director of the corporation or a shareholder or holder in power of the corporation and that I am a resident of this State and that my name is on the list of shareholders of the corporation.  
Luis Reyes Officer 305 577-0289  
DATE 5/15/91

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

ANNUAL REPORT 1992



Secretary of State  
Division of CORPORATIONS

WFLA-TV

APPROVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries

FILING FEE \$61.25 Make Payable To: Secretary of State

DOCUMENT # G34851 (7)

ROMA CASTING, INC.  
9 LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI FL 33132-2539

|    |                                  |
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| 2  | 2. A copy of the... (faint text) |
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| 23 | 23. (faint text)                 |
| 24 | 24. (faint text)                 |

3. (faint text) 04/15/1983

05/21/1991

59-2308904

\$8.75 Annual Fee Required for a Certificate of Status

P/S/T REYES, LUIS

139 N.E. 1ST ST

MIAMI, FL.

REGISTERED AGENT INFORMATION

REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI, FL. 33132

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| 84 | (faint text) |
| 85 | FL.          |

SIGNATURE

05-16-91

File Now. Filing Fee after May 1 is \$225.00

CORPORATION  
ANNUAL REPORT  
1993



FLORIDA DEPARTMENT OF STATE  
CORPORATION  
SECTION OF CORPORATIONS

**1. Name and Mailing Address of Corporation** DOCUMENT # **G34851 (7)**  
**REYES, ROMA CASTING, INC.**  
**& LUIS REYES**  
**139 NE 1ST ST STE 424**  
**MIAMI FL 33132-2539**

DO NOT WRITE IN THIS SPACE

**2. Filing Fee** ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE  
 MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

**3. Date Report Filed or Overdue** 04/15/1983     **3a. Date of Last Filing** 05/08/1992

**4. FID Number** 592308904

**5. Corporation Status Desired**  **\$8.75 (Optional)**  
 In-Required

**6. Extension Can apply for Extension**  **\$5.00 (May be Added to Filing Fee)**

**7. Filing Fee with Extension**  **\$138.75 (May be added to Filing Fee)**

**8. Filing Fee with Extension and In-Required**  **\$147.50 (May be added to Filing Fee)**

**21. Mailing Address** **26. Filing Fee of this year**

**22. State and County** **27. State and County**

**23. City and State** **28. City and State**

**24. Country** **29. ZIP** **30. Country**

**9. Name and Address of Current Registered Agent**

**REYES, LUIS**  
**139 N.E. 1ST ST., ROOM 424**  
**MIAMI FL 33132**

**10. Name and Address of New Registered Agent**

**81. Name**

**82. Street Address (P.O. Box is acceptable)**

**83. City**

**84. State** **85. ZIP** **86. Country**

**FL**

**11. Remarks**

If the corporation has been incorporated under the laws of another state or foreign country and is transferring its domicile to Florida, it must file a Certificate of Incorporation, a copy of its articles of incorporation or similar instrument, and a copy of its charter, bylaws, or other governing instrument with and during the registration of the corporation. If the corporation has been incorporated under the laws of another state or foreign country and is transferring its domicile to Florida, it must file a Certificate of Incorporation, a copy of its articles of incorporation or similar instrument, and a copy of its charter, bylaws, or other governing instrument with and during the registration of the corporation.

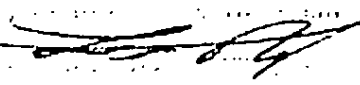
NUMBER OF REGISTRATIONS: 1     CNP

**12. STOCKHOLDERS AND BENEFICIARIES**

| NAME                 | ADDRESS                     |
|----------------------|-----------------------------|
| P/S/T<br>REYES, LUIS | 139 N.E. 1ST ST<br>MIAMI FL |
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**13. BOND AGENTS AND OTHER PROFESSIONALS**

| NAME | ADDRESS |
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SIGNATURE 

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
SUNBELT CENTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
94 NOV 14 AM 8:30

DOCUMENT # **G34851**

**ROMA CASTING, INC.**

Principal Place of Business  
**W LUIS REYES  
139 N.E. 1ST ST., ROOM 424  
MIAMI FL 33132**

Address of Applicant  
**4011 W. Flagler St  
403  
MIAMI FL 33134**

DO NOT WRITE IN THESE SPACES  
Date Incorporated or Qualified To Do Business in Florida: **04/15/1983**  
FBI Number: **59-2308904**  
CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

| 7. Name and Street Address of Each Officer and/or Director (Please number of corporations must list at least 3 directors) |                                      |  |                     |
|---|--------------------------------------|--|---------------------|
| 1. Rank   | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City, State, Zip |
| PST   | REYES, LUIS                          | 139 N.E. 1ST ST  | MIAMI FL            |
|   |                                      |  |                     |
|   |                                      |  |                     |
|   |                                      |  |                     |
|   |                                      |  |                     |

B. Name and Address of Current Registered Agent  
**REYES, LUIS  
139 N.E. 1ST ST., ROOM 424  
MIAMI FL 33132**

9. Name and Address of New Registered Agent  
Name: **Guillermo Rodriguez**  
Street Address (P.O. Box Number's Not Permitted): **4011 W. Flagler Street, Suite 403**  
City: **MIAMI** State: **FL** Zip: **33134**

10. I hereby certify and register as agent of the above named corporation, am familiar with and accept the long title of Section 607.01(1) Florida Statutes.  
*Guillermo Rodriguez*  
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

13. I hereby certify that the information stated in this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07, Florida Statutes, from any liability of non-compliance with Section 119.07(2)(b) in the event that the information requested is deemed exempt from public access. I am an officer or director of the corporation and warrant this application as provided for in Chapter 607, Florida Statutes. I warrant that the information stated in this application has been obtained from the corporation and satisfies the requirements of Section 607.0401 and 607.0402, Florida Statutes. I warrant that the corporation has been paid. The information indicated on this application is true and accurate, and my signature shall have the same effect as if signed by the corporation.

SIGNATURE: *Guillermo Rodriguez*

11/03/94