FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JAN 27 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G71434 (6)

1. Corporation Name
BEZAN METALS, INC.

Principal Place of Business	Mailing Address
7600 S.W. 57 AVENUE #211 MIAMI FL 33143	[illegible] MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1983
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business
21 7600 S.W. 57 AVE.
22 # 211
23 MIAMI, FL
24 Zip 33143
25 Country DADE

2a. Mailing Address
26 P.O. BOX 143412
27 Suite, Apt. #, etc.
28 City & State CORAL GABLES, FL
29 Zip 33114
30 Country DADE

4. FEI Number: 59-2348854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOWE, JAMES R.
100 EDGEWATER DRIVE.
STE. 242
CORAL GABLES FL 33135

10. Name and Address of New Registered Agent

81 Name: JAMES R. LOWE
82 Street Address (P.O. Box Number is Not Acceptable): 100 EDGEWATER DR. SUITE 242
83
84 City: CORAL GABLES FL 85 Zip Code: 33133

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 _____ JANUARY, 20, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in change) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS LOWE, JAMES 100 EDGEWATER DRIVE, STE. 242 CORAL GABLES FL 33133	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	SECRETARY TREASURY KIMBERLEY P. LOWE 100 EDGEWATER DR. SUITE 242 CORAL GABLES, FL 33133	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	$87 1/31	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: Lemuel R. Lowe 01/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
JAMES R. LOWE

305-6655407 FAX
305-665-4464 PHONE

0163877 CP