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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: >

DOCUMENT # G81783

(4)

| TEMAR | STRUCTURAL | FORMING. | INC. |
|-------|------------|----------|------|
| | | | |

| Principal Place of Business Mailing Address | | | | | | | | | | |
|--|--|--|----------------------------------|------------|---|--|--------------------------------|----------------------------|----------------------------------|--|
| 1501 ALGAE CORAL GAE | rdi ave. Bles fl 33146 | 1501 ALGARDI AVE. Coral Gables FL 3 | 33146 | | | | | | | |
| | | | | | | Date Incorporated or Qualified 11/16/1983 | 3a. Date of 08/ | f Last R 10/19 | - 1 | |
| 2. Principal Place of Business | | 2a. Mailing Address | 2a. Mailing Address | | | | | Applied For | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 59-2348488 | | | Not Applicable Additional | | |
| 22 | | 27 | ·- ₁ | | 5. Certificate of Status Desired | | | Required | | |
| City & State | | City & State | ··- | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip 24 | Country | Zip | | | 8. This corporation has liability for intangible tax under s 199.032, | | | | | |
| 24 | 25 9. Name and Address of Curren | 29 t Registered Agent | | | | Florida Statutes S Yes No 10. Name and Address of New Registered Agent | | | | |
| | | | 81 | 1 | Name | IV. Name and Address of New A | egistereu Ag | ent | | |
| GARCIA | A, JOSE | | 82 | - | Ctroot Add | ress (P.O. Box Number is Not Acceptab | <u>.,</u> | | | |
| 1501 A | LGARDI AVE. | | 02 | | Street Addi | ress (F.O. Dox Northber is Not Acceptable | ы | | | |
| CORAL | GABLES FL 33146 | | 83 | 3 | | | | | | |
| | | | 84 | 4 | City | | | 85 Zij | p Code | |
| 11. Pursuant i | to the provisions of Sections 607 0502 | and 607 1509 Florida Statut | os the obsus | 1 | | ration submits this statement for the pur | | | • | |
| l or register | 60 agent, or point in the State of Fiorig | ia. Such change was aumoriz | 'ea hy the cori | poi poi | ameo corpoi iration's boa | ration submits this statement for the purp and of directors. I hereby accept the appo | oose of chang intmont as re | ing its r gistered | registered office Lagent. Lam | |
| SIGNATURE: | th, and accept the obligations of, Section | on 607.0505, Florida Statutes | š. | | | | | | - | |
| SIGNATURE. | Signature, typed or printed name of registered agent | and title it applicable (NC | OTE: Rogisteren Agr | ont : | Signature require | e when reinstaling! | DATE. | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFI | | RECTO | DRS IN 12 | |
| TITLE | PST | DELETE: | 1. 1 TOLE | | | | | Change | Addition | |
| NAME | GARCIA, JOSE | | 1.2 NAME | | | | | | | |
| STREET ADDRESS 1501 ALGARDI AVE. CITY-ST-ZIP CORAL GABLES FL 33146 | | | 1.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP TITLE | CONAL GABLES FL 33148 | ☐ DELETE | 1.4 CITY- 2 1 TITLE | | - 216 | | | Changa | [Addition | |
| NAME | | LJ beccit | 22 NAME | | | | LJ | Change | Addition | |
| STREET ADDRESS | | | 23 STREE | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | 2 4 CITY- | | · | | | | | |
| TITLE | | DELETE | 3 1 TITLE | | 7.1 | | | Change | Addition | |
| NAME | | | 3 2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 \$1RE6 | ELA | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | רו היוניות | 3.4 CHTY | | - ŽIP | | | | <u></u> | |
| NAME | | DELETE | 4. 1 TITLE | | | | Ц | Change | Addition | |
| STREET ADDRESS | | | 4.2 NAME 4.3 STREE | | unnoree. | | | | | |
| CITY-ST-7P | | | 4.4 CITY - | | | | | | | |
| TITLE | | ☐ DELETE | 5 1 TITLE | | -211 | | | Change | Add tion | |
| NAME | | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | | | 5 3 STREE | ΤAI | IDDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CHY- | ST- | - ZIP | | | | | |
| TITLE | | DELETE | 6 1 TITLE | | | | | Change | ☐ Addition | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | | | | | | | |
| CITY-\$1-ZIP 14. 1 do hereb | L. v certify that the information supplied w | ith this filing is voluntarily free | 640/1Y-1 | SI- | -ZIP | or the exemption stated in Section 119.0 | 2/2/// 5: :: | | | |
| oath: that | . De montanon mosaeu on mis armir | arreport or supplemental anni aNon or the receiver or truster | uai report is tri e empowered | 116 | i and accura | or the exemption stated in Section 119.6 and that my signature shall have the s s report as required by Chapter 607, Flo | anna lagge afte | | | |

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (305)667-6636