

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 279531

1. Corporation Name

ALUMINUM OF FLORIDA, INC.

Principal Place of Business

Mailing Address

5601 HAINES RD.
Bld. 1 Unit - 2-3-4
ST. PETERSBURG FL 33714
US

5601 HAINES RD
Bld 1 Unit - 2-3-4
ST. PETERSBURG FL 33714

2. Principal Place of Business

2a. Mailing Address

21 SAME

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

6-25-1987

4-18-1995

4. FEI Number

☒ Applied For
☐ Not Applicable

59-2807942

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

10. Name and Address of New Registered Agent

SCHWARTZBERG, Michael S.
463-30. ST. NORTH
ST. Pete. FL 33713

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 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

Signature (Typed or Printed Name of Registered Agent, if applicable)

(If No. Registered Agent, sign as representative of corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME RODRIGUEZ, CARLOS E.
STREET ADDRESS 5601 HAINES RD
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE SECRETARY
NAME RODRIGUEZ, WANETTA E.
STREET ADDRESS 5601 HAINES ROAD
CITY-ST-ZIP ST. PETERSBURG FL 33714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE Vice President
2. NAME
3. STREET ADDRESS 5601 HAINES ROAD
4. CITY-ST-ZIP ST. PETERSBURG FL 33714

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-ST-ZIP

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

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)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WANETTA RODRIGUEZ

4-19-96 813-527-8494

CR2E034 (12/95)