

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:45

DOCUMENT # **K29187** (7)

1. Corporation Name
E.P. NATIONAL ALUMNUM CO.

Principal Place of Business Mailing Address
~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~
MIAMI FL 33166-2531 MIAMI FL 33166-2531

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/22/1988** 3a. Date of Last Report **07/06/1994**

4. FEI Number **65-0066166** 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**

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

21. Principal Place of Business **6926 NW 74 ST**

26. Mailing Address **6926 NW 74 ST**

22. Suite, Apt. #, etc.
City & State **MIAMI FLA**

27. Suite, Apt. #, etc.
City & State **MIAMI FLA**

24. Zip **33166-253** 25. Country **USA**

29. Zip **33166-253** 30. Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRIETO, EMILIO
~~XXXXXXXXXX~~ **6926 NW 74 ST**
MIAMI FL 33166-2531

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 and title if applicable)

(Signature) (Typed or printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	PRIETO, EMILIO
STREET ADDRESS	1601 W 4 LANE
CITY, ST, ZIP	HIALEAH FL
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	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is very true, 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 supplementary report and all reports 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 person or legal representative 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 addition with an address.

SIGNATURE:

(Typed or printed name of signing officer or director)

05-24-95

Date

Division File #