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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95117

DOCUMENT # **L99016** (2)

1. Corporation Name  
**A.S.A.C. ALUM. CORP**

|   |   |
|---|---|
| Principal Place of Business<br><b>% ALEX SERRA<br/>13440 SW 53 ST.<br/>MIAMI FL 33175</b> | Mailing Address<br><b>% ALEX SERRA<br/>13440 SW 53 ST.<br/>MIAMI FL 33175</b> |
|---|---|

DO NOT WRITE IN THIS SPACE:

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/06/1990</b> | 3a. Date of Last Report<br><b>04/29/1994</b> |
|--|--|

|  |   |  |  |  |   |
|--|---|--|--|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt #, etc<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt #, etc<br>27<br>City & State<br>28<br>Zip<br>29 | 4. FEI Number<br><b>65-0211851</b><br>Applied For<br><input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|--|--|---|

|  |  |   |           |             |  |
|--|--|---|-----------|-------------|--|
| 9. Name and Address of Current Registered Agent<br><b>SERRA, ALEX<br/>13440 SW 53 ST.<br/>MIAMI FL 33175</b> |  | 10. Name and Address of New Registered Agent          |           |             |  |
|  |  | 81 Name   |           |             |  |
|  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |           |             |  |
|  |  | 83  |           |             |  |
|  |  | 84 City   | <b>FL</b> | 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 and title of applicant)

(NOTE: Registered Agent signature required when transferring)

1a-11

| 12. OFFICERS AND DIRECTORS                     |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12      |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>DP<br/>SERRA, ALEX<br/>13440 SW 53 ST.<br/>MIAMI FL</b>    | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <b>VD<br/>SERRA, MARIA<br/>13440 SW 53RD ST.<br/>MIAMI FL</b> | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |   | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statute. 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 Statute, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **VD MARIA SERRA** 5/20/95 5300 6080  
(Name) (Typed Name)