FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # M57738 (0)FLORIDA PLATING & FINISHING CORP. Principal Place of Business Mailing Address 3595 N.W. 125TH ST 3595 N.W. 125TH ST MIAMI FL 33167 MIAMI FL 33167 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2845682 Not Applicable 21 26 Suite Apt #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current fear Intangible 30 Personal Property Tax due June 30. 2 Yes ☐ No 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GUASTAFESTE, CARMINE E.** 3595 N.W. 125TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33167 83 64 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE GUASTAFESTE, CARMINE E. 1.2 NAME NAME 3595 N.W. 125TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE GUASTAFESTE, EDWARD A. 2.2 NAME NAME 3595 N.W. 125TH ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 常LE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE

> 6.2 NAME **6.3 STREET ADDRESS**

14. Thereby certify that the Information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). 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 empowhered 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 automent with an address.

6.4 CITY-ST-ZIP

13.16.98

208 687-9100

STREET ADDRESS

SIGNATURE: N

CITY-ST-ZIP