SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **M62088** **(3)**

1. Corporation Name
ALRUSS EXTRUSION AND FINISHING CORPORATION

Principal Place of Business	Mailing Address
C/O GUILLERMO J. FERNANDEZ-QUINCOCES 100 S.E. 2 ST., STE.3747 MIAMI FL 33131	2333 PONCE DE LEON BLVD SUITE 1110 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: **11/05/1987**
3a. Date of Last Report: **03/29/1995**

2. Principal Place of Business
21 80 SouthWest 8th Street
22 Suite, Apt. #, etc.: Suite 2120
23 City & State: Miami, FL
24 Zip: 33130
25 Country:

2a. Mailing Address
26 P O Box 364205
27 Suite, Apt. #, etc.:
28 City & State: San Juan, Puerto Rico
29 Zip: 00936-4205
30 Country:

4. FEI Number: **65-0055798** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RECIO, ALBERTO M.
2333 PONCE DE LEON BOULEVARD
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1805 Seagrove drive
83
84 City: Vero Beach **FL** 85 Zip Code: 32963

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 _____ (NOTE: Registered Agent's signature required when executing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RECIO, ALBERTO 2333 PONCE DE LEON BLVD, STE. 1110 CORAL GABLES FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition 80 SouthWest 8th Street Suite 2120 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SV VERGARA, CARLOS 2333 PONCE DE LEON BL. STE. 1110 CORAL GABLES FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition 80 SouthWest 8th Street Suite 2120 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAEZ, JUAN FRANCISCO 2333 PONCE DE LEON BOULEVARD, SUITE 1110 CORAL GABLES FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition Sanchez Perez, Carlos A. 80 SouthWest 8th Street Suite 2120 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAIMES, EDUARDO S. 2333 PONCE DE LEON BLVD, STE 1110 CORAL GABLES FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition 80 SouthWes 8th Street Suite 2120 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST MARIANI, RENAN 2333 PONCE DE LEON BLVD, STE 1110 CORAL GABLES FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition 80 Southwest 8th Street Suite 2120 Miami, FL 33130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HECTOR, LAZO 2333 PONCE DE LEON BLVD, STE 1110 CORAL GABLES FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition 80 Southwest 8th Street Suite 2120 Miami, FL 33130

CR2E034 (3/96)

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 original 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 8/2/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #