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
C/O GUILLERMO J. FERNANDEZ-QUINCOCES
100 S.E. 2 ST., STE.3747
MIAMI FL 33131

Mailing Address
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
Suite, Apt #, etc.
22 Suite 2120
City & State
23 Miami, FL
Zip 24 33130 Country 25

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

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 signature required when registering) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	RECIO, ALBERTO		1.2 NAME		
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE. 1110		1.3 STREET ADDRESS	80 SouthWest 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	SV	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	VERGARA, CARLOS		2.2 NAME		
STREET ADDRESS	2333 PONCE DE LEON BL. STE. 1110		2.3 STREET ADDRESS	80 SouthWest 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BAEZ, JUAN FRANCISCO		3.2 NAME	Sanchez Perez, Carlos A.	
STREET ADDRESS	2333 PONCE DE LEON BOULEVARD, SUITE 1110		3.3 STREET ADDRESS	80 SouthWest 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	JAIMES, EDUARDO S.		4.2 NAME		
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE 1110		4.3 STREET ADDRESS	80 SouthWes 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	AST	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	MARIANI, RENAN		5.2 NAME		
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE 1110		5.3 STREET ADDRESS	80 Southwest 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	HECTOR, LAZO		6.2 NAME		
STREET ADDRESS	2333 PONCE DE LEON BLVD, STE 1110		6.3 STREET ADDRESS	80 Southwest 8th Street Suite 2120	
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP	Miami, FL 33130	

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 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 #

CR2E034 (3/96)