SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M63551

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FILED

Aug 01 1997 8:00am

Secretary of State

ALL MET	TALS CORPORATION				
Principal Plac		Mailing Address			AN 61511 81511 B1511 61511 61511 1551
9322 NW 13 ST	BAY	9322 NW 13 ST BAY #12			
MIAMI FL 33172	2	MIAMI FL 33172		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified 12/11/1987	3a. Date of Last Report 04/05/1996
21 95	Place of Business 1257		N tzst	4. FEI Number 65-0034190	Applied For Not Applicable
Suite, Apt.	ray # 6	Suite, Apt. #, etc. 27 Pary #	#8	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	10(m) + ca	City & State (. F/a	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	72 25 Dade	29 3317Z 3	o Dode	This corporation owes or has pai Personal Property Tax due June	30. Yes No
MUD	Name and Address of Culffer Name and Address of Culffer Name and Address of Culffer	ii negisterea Agent	81 Name	10. Name and Address of New Reg	JISTOPO AGONT
	SW 130 PLACE				
MIAN			82 Street Add	fress (P.O. Box Number is Not Acceptable	e)
	AI FL 33183		83		
			84 City		85 Zip Code
		1007 (500 5)	'		
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State	12 and 607.1508, Florida Statutes, of Florida, Such change was auf	, the above named corpora	poration submits this statement for the pi ition's board of directors, I hereby accep	urpose of changing its registered the appointment as registered
ř	im familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typod or printed name of registered ago	ent and title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TATLE	PD Moreno, Paulino	☐ DELETE	1.1 TITLE		Change Addition
NAME	5881 SW 130 PLACE		12 NAME		
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD	DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
NAME	MORENO, JOHANA		2.2 NAME		C vinings C 1.00m/vin
STREET ADDRESS	5661 SW 130 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMIA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 1HLE		Change Addition
NAME		I	3.2 NAME		
STREET ADDRESS		'	3.3 STREET ADDRESS		'
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TALE		☐ Change ☐ Addition
NAME		l	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		!
CITY+ST-ZIP		T ones.	4.4 CITY-ST-ZIP		To.
TITLE		DELETE	5 1 TITLE		Change Addition
NAME		ĺ	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE:	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		C) percit	6.2 NAME		En onunge En roution
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CHY-SI-ZIP		•
2011-01-60			9.1 OILL-917 (R		

14. I do hereby certify that the information supplied with this filing does not qualify 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 empowered 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 attachment with an address.

SIGNATURE REQUIRED

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