## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P0000078009 1. Entity Name R & M STEEL, INC. 4-12-2001 90162 037 \*\*\*150.00 Principal Place of Business Mailing Address 3931 N.W. FLAGLER TERRACE 3931 N.W. FL'AGLER TERRACE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1043602 Not Applicable Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARROYO, RAUL A Street Address (P.O. Box Number is Not Acceptable) 3931 N.W. FLAGLER TERRACE MIAMI FL 33126 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD ☐ Change Addition ☐ Delete TITLE TITLE arroyo, monica h NAME STREET ADDRESS STREET ADDRESS 3931 N.W. FLAGLER TERRACE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33126** ☐ Change Addition VSD ☐ Delete TITLE ARROYO, RAUL A A NAME STREET ADDRESS 3931 N.W. FLAGLER TERRACE STREET ADDRESS CITY-ST-ZIP "~ CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jum

MONICA H. ARROYE

02-20-01

(305)649-1849

Day