

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90071 014 \*\*\*150.00

**DOCUMENT # P02000033614**

1. Entity Name  
**MACSTEEL INTERNATIONAL LATIN AMERICA  
CORPORATION**



Principal Place of Business

**8675 NW 53 ST  
SUITE 100  
MIAMI, FL 33166**

Mailing Address

**8675 NW 53 ST  
SUITE 100  
MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**02-0569930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**OPPENHEIM, STEVEN P  
800 BRICKELL AVENUE  
SUITE 707  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LEVER, STUART  
1 HARBOUR EXCHANGE SQUARE  
LONDON, UK e14 9ge**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOWDEN, GRAHAM F  
1 HARBOUR EXCHANGE SQUARE  
LONDON, UK e149ge**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TORRES, ADALBERTO  
8675 NW 53 STREET, STE 100  
MIAMI, FL 33166**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
OPPENHEIM, STEVEN P  
800 BRICKELL AVE STE 707  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/04**

**3059947726**