05-16-2002 90078 046 ***158.75

DO NOT WRITE IN THIS SPACE

P92000004523 **DOCUMENT #**

1. Entity Name

CORPAC STEEL PRODUCTS CORP.

Principal Place of Business 20801 BISCAYNE BLVD SUITE 302 AVENTURA FL 33180

IIS

2. Principal Place of Business

RONES, VICTOR K

16105 NE 18TH AVE N MIAMI BEACH FL 33162

SIGNATURE

Suite, Apt. #, etc.

City & State Zip

Country

6. Name and Address of Current Registered Agent

Zip

Mailing Address

SUITE 302

20801 BISCAYNE BLVD

AVENTURA FL 33180

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

4. FEI Number

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

65-0369689

\$8.75 Additional

Applied For

Not Applicable

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so.

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

Name

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(9/01)

(See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition **WOLDENBERG, JORGE** NAME NAME 20801 BISCAYNE BLVD #302 STREET ADDRESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change WOLDENBERGER, IDEL ☐ Addition NAME NAME 20801 BISCAYNE BLVD #302 STREET ADDRESS STREET ADDRESS CITY ST-ZIP MIAMI FL 33180 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition WOLDENBERG, F. TAMMARA NAME 20801 BISCAYNE BLVD., #302 STREET ADDRESS STREET ADDRESS **MIAMI FL 33180** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP. CITY-ST-ZIP niletia ☐ Delete NAME: JUNCO 35.01 ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this liting 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 of 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 fecel report of 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

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR