## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200004680 (4)

ALL AMERICAN AMALGAMATED INDUSTRIES, INC.

Principal Place of Business Mailing Address 3650 STEWART AV 3650 STEWART AV. COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-6831 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1992 08/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0370195 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Ζφ 8. This corporation has liability for intangible tax under s. 199.032 25 24 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MEJIA, ROBERT 3650 STEWART AVENUE Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 84 City Zip Code 85 11. Pursuant to the previsions 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 pair is type one printed raths of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 96/6) 1046 DELETE 1.1] ☐ Change Addition TLE MEJIA, ROBERT NAME 1.2 **AME** 2E034 3650 STEWART AVENUE REET ADDRESS STREET ADDRESS COCONUT GROVE FL ITY-ST-ZIP DELETE Change Addition 2.1 THUE **TLE** NAME 22 AME STREET ADDRESS 23 REET ADORESS 011Y: \$1-20° ITY-ST-ZIP DELETE 3.1 TLE Change Addition TITLE NAME **WE** REET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY ST-ZP DELETE Change Addition THUE (LE AMF NAME STRUFF ADDRESS REET ADDRESS CD - S1-7/P ry-ST-ZIP DELETE Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true a Lam an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if charigod, or on an

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exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ocurate and that my signature shall have the same legal effect as if made under oath; that secute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

May 01 1997 8:00am

Secretary of State

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☐ Change

Addition

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DELETE