PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047233

1. Corporation Name

INTERNATIONAL ALLIMINUM INC.

IIVI EI IIV	TOTAL ALOW											
Principal Place	of Business		Ma	iling Address				- [, 81811 (8816	, ,,,,,,,,	1119 1111 1001	
1717 SW 1ST W	VAY		1717	7 SW 1ST WAY								
BAY 21				BAY 21				DO NOT WRITE IN TH	e edaci	<u>-</u>		
DEERFIELD BEACH FL 33064 US				DEERFIELD BEACH FL 33064 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
03			00					06/28/1993				
2 Principal Pl	ace of Business		22	Mailing Address			·· <u>·</u>	4. FEI Number		App	lied For	
21 17/7 5	_	V BAYZZ			Α٤	v E	BAYZZ	65-0417136			Applicable	
Suite, Apt.		y 10/17 ==		Suite, Apt. #, etc.		/ 			\$8.	75 Ar	dditional	
22			27					5. Certifcate of Status Desired	Fe	ee Req	uired	
City & State	9			City & State				6 Election Campaign Financing	\$5	4 :00.	/lay-Be ====	
23			28					Trust Fund Contribution	Ad	lded to	Fees	
Zip		ountry		Zip	с	ountry	,	8. This corporation owes the current year I				
24	25		29		30			Personal Property Tax.	☐ Yes	<u>. L</u>	□No	
	9. Name and A	ddress of Current I	Regist	ered Agent		-	T	10. Name and Address of New Registere	I Agent			
DCI A	NEZ, RICARDO					81	Name					
	•	All IE				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
1332 S.W. 48TH AVENUE FT. LAUDERDALE FL 33317						-						
, , , , , , , , , , , , , , , , , , ,	AUDENDALL I L	33311				83	1					
						84	City		85	Zip Co	ode	
						Ļ_	<u> </u>	F			agistarad	
office or re agent. I ar SIGNATURE	egistered agent, or m familiar with, and	both, in the State of accept the obligatio	Floridans of,	a. Such change was au Section 607.0505, Flor	uthoriz ida St	ed by atutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment	as regi	istered	
	Signature, typed or printed	name of registered agent a			-		nt signature required		ND DID!	-CTO	20 IN 12	
12.	D	OFFICERS AND	DIRE	DELETE	_	3.		ADDITIONS/CHANGES TO OFFICERS	□ Cha		Addition	
	PELAEZ, RICAF	NDO			•	NAME				•		
NAME	1332 S.W. 48T				- 1		T ADDRESS					
STREET ADDRESS	FT. LAUDERDA											
CITY-ST-ZIP TITLE	PC	LE FL		DELETE	_	CITY-S	51-23P		☐ Cha	ange	Addition	
	PELAEZ, MARK	1				NAME			_	·	_	
NAME) Drest circle #1	เกว				T ADDRESS					
STREET ADDRESS	BOCA RATON		102									
CITY-ST-ZIP TITLE	DOUR RAIDIN	F L		☐ DELETE	_	4 CITY-S 1 TITLE	91-4P		. D.Cha	ange	Addition	
NAME	· - -	* *				NAME	-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-	!	
NAME: STREET ADDRESS		•					TADDRESS				•	
	,					i. CITY-S	İ					
CITY-ST-ZIP				☐ DELETE	_	TITLE	21-AF		☐ Cha	ange	Addition	
NAME				<u> </u>		2 NAME					`	
				•			TADORESS					
STREET ADDRESS						CITY-S	1					
CITY-ST-ZIP TITLE				☐ DELETE	_	TITLE) I-ZIF		☐ Chi	ange	Addition	
NAME						NAME	1	·		-		
STREET ADDRESS							TADDRESS					
J. I						CITY-S						
CITY-ST-ZIP				□ DELETE		TITLE			☐ Cha	ange	Addition	

14. 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 annual report or supplemental angular report is true and applicated on this annual report or supplemental angular report is true and applicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive 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 attach part with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90179 016 ***150.00