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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1998 DOCUMENT #

1. Corporation Name P93000050409 (0) SOUTHERN ALUMINUM MANUFACTURING, INC. Principal Place of Business Mailing Address 1428 BRICKELL AVENUE 1428 BRICKELL AVENUE EIGHTH FLOOR **EIGHTH FLOOR** DO NOT WRITE IN THIS SPACE MIAMI FL MIAMI FL 3. Date Incorporated or Qualified 07/12/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0424717 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANASTER, JOSHUA D ESQ 1428 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33131** R3 84 City Zip Code 11. Pursuant to the provisions 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS HANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 11 THLE TITLE NAME BOAZIZ, M 1.2 NAME 2001 COLLINS AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE DUNPHY, ROBERT NAME 2.2 NAME 310 S.E. 3RD COURT STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 2. 4 CI1Y - \$1 - ZIP DELETE Change Addition TITLE 3.1 TITLE MORDCHI, MAX 3 2 NAME NAME 130 S.E. 11TH STREET STREET ADDRESS 3.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 3.4. CITY- \$1-ZIP DELETE Change ☐ Addition TITLE 4.1 TIDE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and filed 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 trudes empoyered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.