FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE REW SORPORATION NT VE 1/14 Sandra B. Mortham FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # P 93000057908 96 NOV -4 AM 9: 57 ALUMINIUM WORKS, INC. Mailing Address Principal Place of Business 152 AVE 28800 SW) 3. Date Incorporated or Qualified | 3a. Date of Last Report -8/18/93 8/95 Applied For 2. Principal Place of Business 2a. Mailing Address 3 4) RUNE 28800 Not Applicable \$8.75 Additional Suite, Apl. #, etc Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State W& State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032. Zip Country 30 Florida Statutes ☐Yes ☐ No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name FARRE Street Address (P.O. Box Number is Not Acceptable) 1 44 TOVERCE 14870 83 33136 MIDMI 85 Zip Code 84 City 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, Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am farming accept the stringations of Section 607.0505. Florida Statutes.

SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELETE 1 1 TITLE Drysident. TITLE Dersi Dout NAME DODD 12 NAME 70DD **CR2E034** FACECI SN 144 Truck 144 Te URACE 5 W 1.3 STREET ADDRESS STREET ADDRESS 14870 FC 3319C MIDMI 1.4 CITY-ST-ZIP CITY ST ZIP Change Addition 2 1 TITLE VICE PLES. TITLE POUSSEA4 HANK ALBERT 22 NAME Kim Farrell 4 AVC. LOTY22 2.3 STREET ADDRESS STREET ADDRESS 100 NE 14870 SW 144 TR FL 33030 M10M 24 City-St-7P CITY ST ZIP Mirmi FL 33194 Change DELETE TITLE 3 1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-SI-ZIP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE titi 900002003019--42 NAME NASAR 4.3 STREET ADORESS STREET ADDRESS ****375.00 ****375.00 44 CITY-ST-ZIP CITY-ST ZIP Addition Change DELETE 5 1 TITLE HILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST-ZIP DELETE ☐ Change ☐ Addition TITLE 6 1 TITLE NAME 62 NAME ,- .4 STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I utriner certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, com an attachment with an address. SIGNATURE:

ACCUPACES OF DIRECTOR

artist of a

1.00