

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McNair
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 20 PM 4:14

DOCUMENT # P93000057974 (6)

1. Corporation Name

QUALITY METAL PRODUCTS, CORP.

Principal Place of Business
**7935 N.W. 64TH STREET
MIAMI FL 33166**

Mailing Address
**7935 N.W. 64TH STREET
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/18/1993

3a. Date of Last Report
03/24/1994

2. Principal Place of Business
21

2a. Mailing Address
25

4. FEI Number
65-0430782

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, FACUNDO T
7935 N.W. 64TH STREET
MIAMI FL 33166**

81 Name

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

83

84 City

FL

85 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **RODRIGUEZ, FACUNDO T**
STREET ADDRESS **227 EAST 49TH ST.**
CITY-ST-ZIP **HIALEAH FL 33013**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **FUENTE, RAUL**
STREET ADDRESS **5095 N.W. 5TH ST.**
CITY-ST-ZIP **MIAMI FL 33125**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **RODRIGUEZ, CIRO**
STREET ADDRESS **561 B N.E. 57TH COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33334**

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR

1-13-95

Date

Typed Name