

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008625 (3)

1. Corporation Name

METAL MOLDING TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

600001492416

-05/17/95--01178--009

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/24/95

2. Principal Place of Business

21 2000 BANKS RD

2a. Mailing Address

26 2000 BANKS RD

Suite, Apt. #, etc.

E/1

Suite, Apt. #, etc.

E/1

City & State

23 MARGATE FL

City & State

28 MARGATE FL

Zip

24 33063

Country

U.S.A

Zip

29 33063

Country

U.S.A

4. FEI Number

650471103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

MIAMI CORPORATE SYSTEMS, INC.
5200 Blue Lagoon Drive, Suite 700
Miami, Florida 33126

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 607.1506, 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GARCIA, CARLOS M.
STREET ADDRESS 12405 S.W. 130th Street
CITY ST ZIP Miami, Florida 33186

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE P
22 NAME DRAGAN, EUGEN P.
23 STREET ADDRESS 10777 W. Sample Road #1203
24 CITY ST ZIP Coral Springs, FL 33063

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE VP/T
32 NAME SISKIS, NEHEMIA
33 STREET ADDRESS 12389 S.W. 144th Terrace
34 CITY ST ZIP Miami, Florida 33186

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE S
42 NAME FERNAND SZ, MARTHA
43 STREET ADDRESS 9858 SW 885TH
44 CITY ST ZIP MIAMI FL 33076

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ 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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

Date

(Signature Number 2)

5/1/95 305 9787004