

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

**APPROVED
AND
FILED**

95 APR -7 AM 4:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000016804 (4)

To be completed by filer

UNITED IRON WORKS, INC.

Principal Place of Business

**1054 E. 29TH STREET
HALEAH FL 33013**

Mailing Address

**1054 E. 29TH STREET
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1994

3a. Date of Last Report

4. FEI Number

65-0502324

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

2. Principal Place of Business

21. State, Apt. # etc.

2a. Mailing Address

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLOMA, FERNANDO
6326 S. W. 14TH STREET
MIAMI FL 33154**

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 197.0502 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 of Agent, if different from corporation and not the filer)

(Signature of Registered Agent, if not the filer)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PSD
NAME	COLOMA, FERNANDO
STREET ADDRESS	6326 S. W. 14TH STREET
CITY, ST, ZIP	MIAMI FL 33154
2. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
3. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
4. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the filer, certify that this information is filed with the filer's voluntarily furnished and does not qualify for this exemption stated in Sections 197.0502 and 607.1508, Florida Statutes. I further certify that this information includes any and all information required to be reported in this report as 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 owner or holder empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears on Block 12, or Block 13 if the agent or officer is different from the filer.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

03-31-95 (305) 836-6269