FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019985 (8)

1. Corporation Name
ALCON POWER INDUSTRIES AND METALS INC.

Principal Place of Business	Mailing Address
600 W. 18TH STREET HIALEAH FL 33010	600 W. 18TH STREET HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21 465 E. 10th Avenue
Suite, Apt. #, etc. 22
City & State 23 Hialeah, Florida
Zip 24 33010 Country 25 Dade

2a. Mailing Address
26 465 E. 10th Avenue
Suite, Apt. #, etc. 27
City & State 28 Hialeah, Florida
Zip 29 33010 Country 30 Dade

4. FEI Number: 65-0473514 ☐ 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

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD., SUITE 211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Pedro Albanes
82 Street Address (P.O. Box Number is Not Acceptable): 465 E. 10th Avenue
83
84 City: Hialeah FL 85 Zip Code: 33010

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: P. Albanes PEDRO ALBANES, DIRECTOR 2-28-95
(Typed or printed name of person signing) (NOTE: Registered Agent signature required for all changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	ALBANES, PEDRO R	12 NAME		
STREET ADDRESS	600 W. 18TH STREET	13 STREET ADDRESS	465 E. 10th Avenue	
CITY-ST-ZIP	HIALEAH FL 33010	14 CITY-ST-ZIP	Hialeah, FL 33010	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BERNAL, ARMANDO	22 NAME	Delete	
STREET ADDRESS	600 W. 18TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐
NAME	SARDUY, EUGENIO	32 NAME		
STREET ADDRESS	600 W. 18TH STREET	33 STREET ADDRESS	465 E. 10th Avenue	
CITY-ST-ZIP	HIALEAH FL 33010	34 CITY-ST-ZIP	Hialeah, FL 33010	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or added by this report.

SIGNATURE: P. Albanes 2-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

PEDRO ALBANES

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