FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000019985

ALCON POWER INDUSTRIES AND METALS INC.

Fillicipal Flace	e of Business	Mailing Address					,	
465 E. 10TH A	VE.	250 S. COCONUT LANE						,
HIALEAH FL 33010		MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed			
j					03/15/1994	-	·	,
2 Dringing O	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
	race of Business	26			65-0473514		<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						Additional
	#, 6tc.	27			5. Certificate of Status Desired			equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year In	tangible	
24	25	29 3	0		Personal Property Tax.	•	Yes	□No
27	9. Name and Address of Curre				10. Name and Address of New	Registered	Agent	
	,		81	Name				
ALB/	ANES, PEDRO		82	Stroot Addro	ess (P.O. Box Number is Not Accep	table)		· · ·
465	E. 10TH AVE.		02	Street Addre	SS (F.O. Box Number is Not Adocp		معود عديم والإنوار	وهدر رسام وردود
HIAL	EAH FL 33010		83					
			84	City		FL	85 Zíp	Code ********
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	, the above	e-named corpo	pration submits this statement for th	e purpose o	f changing its	registered
1 1 office or c	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	o of Florida. Such change was allf	norizen nv	the corporatio	n's board of directors. I hereby acco	ept the appo	intment as re	egistered
1	in landing with, and accept the oblig	ganono on coolien con locale, i land					٠.	
SIGNATURE						DATE		
	Signature, typed or printed name of registered ag	gent and title if applicable. (NO1E: R	egistered Agei	nt signature required	when reinstating)			
12.		AND DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO O			
12.				nt signature required			ND DIRECTO	ORS IN 12 ☐ Addition
	OFFICERS A D ALBANES, PEDRO R	AND DIRECTORS	13.	nt signature required	ADDITIONS/CHANGES TO O			
TITLE	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nt signature required	ADDITIONS/CHANGES TO O			
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 12, 1999 8:00am

Secretary of State

02-12-1999 90025 042 ***150.00