

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000024308 (6)**

1. Corporation Name

**METAL-EAGLE, INC.**

Principal Place of Business

15447 SW 99 LANE  
MIAMI FL 33196  
US

Mailing Address

15447 SW 99 LANE  
MIAMI FL 33196  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Zip

3. Date Incorporated or Qualified **03/30/1994** 3a. Date of Last Report **07/10/1995**

4. FEI Number **65-0484364** 4a. 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

**MONSERATTE, JOSE G.**  
15447 SW 99 LANE  
MIAMI FL 33196

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 restating)

DATE

		12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	<input type="checkbox"/> DELETE	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9743 S.W. 138TH AVE.		1.2 NAME		
CITY, ST, ZIP	MIAMI FL 33186		1.3 STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTERO, GIOVANNY		2.2 NAME		
STREET ADDRESS	9743 S.W. 138TH AVE.		2.3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33186		2.4 CITY, ST, ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONSERATTE, JOSE G		3.2 NAME		
STREET ADDRESS	9743 S.W. 138TH AVE.		3.3 STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33186		3.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY, ST, ZIP			4.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY, ST, ZIP			5.4 CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY, ST, ZIP			6.4 CITY, ST, ZIP		

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 119.07(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 17 if changed, or on an attachment with an address.

SIGNATURE:

*José M. Monseratte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-96,

Date

Daytime Phone #

CR2E034 (12/95)