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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000028500 (4) **DOCUMENT #** 

SOUTHEASTERN STEEL & TRADING, INC.

**FILED** Mar 13 1996 8:00 am Secretary of State

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Principal Place of Business Mailing Address										
1126 S FEDERAL HWY SUITE 348 1126 S FEDERAL HWY SUIT FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316										
						3. Date Incorporated or Qualified 04/12/1994	3a. Date of <b>04/2</b>	Last Re 5/198	eport 95	
2. Principal Plac 21	ce of Business	2a. Mailing Add	dress			4. FEI Number 65-0491190	AN I LOUIS COMMAND AND SHOULD BE A COMMAND AND A COMMAND A	<b></b>	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt.				5. Certificate of Status Desired		,	Additional Required	
City & State		City & Stati	6			Election Campaign Financing Trust Fund Contribution			O May Be dito Fees	
Ζιρ <b>24</b>	Country 25	Zip <b>29</b>	30	Country		_ 1	No No		199.032,	
	9. Name and Address of Cur	rent Registered Agen	t	81	Name	10. Name and Address of New I	Registered Ag	ent		
DE ALBA	. BIANCA				l					
1126 S F	EDERAL HWY SUITE 348			82	Street Add	ddress (P.O. Box Number is Not Acceptable)				
FT LAUD	ERDALE FL 33316									
				84	City		FL	B5 Zij	o Code	
or registere familiar with	the provisions of Sections 607.0: d agent, or both, in the State of F i, and accept the obligations of, S	lorida. Such change wa	is authorized by th	above-i ie corp	named corpo ioration's boa	ration submits this statement for the pure of directors. I hereby accept the app	rpose of chang pointment as re	ing its r gistered	egistered offic Lagent. Lam	
	Agriature Typed or printed name of registered a				n' sejerature regure	ed who renstating!	DATE			
12. TITLE	OFFICERS	AND DIRECTORS		1 TITLE		ADDITIONS/CHANGES TO OF		RECTO Change	RS IN 12	
NAME	DE ALBA, BIANCA			.2 NAME			u	o ange		
STREET ADDRESS	1126 S FEDERAL HWY SL				ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL 33316	6		.4 CHY - 9	St · Zif'_					
TITLE		DI	ELETE 2	1 TITLE				Change	Addition	
NAME			2	2 NAME						
STREET ADORESS			2	3 STREET	ADDRESS					
CITY-ST-ZIP		Fig. rs		4 CHTY - 5	ST-ZIP		r i	Chacas	Addis -	
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CITY-ST-ZIP				i a STREE : 4 CITY - S						
TITLE				1 117LE	21 - 421			Change	Addition	
NAME		_		2 NAME	-			-	<del></del>	
STREET ADDRESS			4	3 STAFE	ADDRESS					
CFTY - ST - ZIP				4 CI*Y - S	ST-ZIP					
TaTLE			ELETE 5	1 TITLE				Change	☐ Addition	
NAME			5	.2 NAME						
STREET ADDRESS			5	.3 STREE	T ADORESS					
CITY - ST - ZIP				4 CHY - S	ST - <b>Z</b> IP			Obber		
TITLE		[] D		1 TITLE			Ü	Change	☐ Addition	
NAME				i.2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP	cordify that the information or well	ad with this filing is you		4 CITY - S		for the exemption stated in Section 119	07/2VIA Florid	a State	toe I further	

roo necess of any treatment montainer supplied whith this limit is voluntary furnished and does not quality for the exemption stated in Section 119.07(5)(k), honded Statutes. Further certify that the information indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver orfunctes, 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 any page.

SIGNATURE:

03/07/96 (954)4623446