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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:33

DOCUMENT # **P94000028548 (3)**

1. Corporate Name

ONE THOUSAND TONS CORP.

Principal Place of Business	Mailing Address
8005 N.W. 98TH STREET HIALEAH FL 33016-2319	8005 N.W. 98TH STREET HIALEAH FL 33016-2319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 650491322 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	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 607.0505 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milton L. Mecozzi President 19101 Mystique Pointe DR #1210 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milton Mecozzi Jr. Secretary 19101 Mystique Pointe DR. #LP11 Aventura FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

☐ Change ☐ Addition

REMITTED BY MAY 1

14. I declare, under penalty of perjury, that the information supplied with this report is complete, accurate and current as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall serve 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 I am familiar with the contents of this report and the attachment with any exceptions.

SIGNATURE: Milton Mecozzi 4/26/95 (305) 932-0828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0087201 CP