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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT DE STATE

Sandra B. Mortha

Secretary of Sta

DIVISION OF CORPORATIONS

P94000028548 (3) DOCUMENT #

ONE THOUSAND TONS CORP.

Principal Place of Business Mailing Address 8005 N.W. 98TH STREET 8005 N.W. 98TH STREET HIALEAH FL 33016-2319 HIALEAH FL 33016-2319 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1994 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address

Applied For 65-0491322 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees $Z_{\rm EO}$ Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 83 PLANTATION FL 33324 R4 City 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 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.

S'GNATURE	Stynasina, typed or printed herrolot/registered agent and little if applicable	(NOTE Re	gistered Agent signature i	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P	DELETE	1. 1 TITLE			☐ Change	☐ Addition
NAMI	MECOZZI, MILTON L		1.2 NAME				
STREET ADDRESS	19101 MYSTIQUE POINTE DR 1706		1.3 STREET ADDRESS				
City-Sf-ZiP	AVENTURA FL		1.4 CITY - \$T - 2IP				
TITLE	S	DELE IF	2 1 TITLE			🔀 Change	☐ Addition
NAME	MECOZZI, MILTON JR		2 2 NAME		- •		
STREET ADDRESS	19101 MYSTIQUE DR LP11		2 3 STREET ADDRESS	9783 NW	30th Stra Florida	は	
C(1) Y + S(1 + 2) P	AVENTURA M		2 4 CVY - ST - ZIP	Miami.	Florida	33172	
THE		DELETE	3 1 T LE			☐ Change	Addition
NAM:			3.2 N . ME				
STREET ADDRESS			33 SREET ADDRESS				
C(TY+ST+Z)P			34C Y-ST-ZIP				
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NAME			4.2 N ME				
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01Y \$1-ZP			4.4 (Pr-ST-ZIP				
TITLE		□ DELETE	5 1, F			☐ Change	Addition
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CITY - ST - ZIP			5.41 if - ST - 21P				
] TLF		DELETE	6. 1 E			Change	Addition
NAME			6.21 ME				
STREET ADDRESS			6.3				
CITY-SF-ZIF			6.4 Y-ST-ZIP				
4.4 Lato basels	a cortify that the information supplied with this filing is	voluntarily furnished	d and loos not out	alify for the exemption	etated in Section 110 07	(3)(b) Florida Statut	oc I further

catering 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 empower ad 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.

SIGNATURE:

MILTON MICHAEL MILTON MICHAEL OF SIGNING OFFICER OR DIRECT

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