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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000080979 (5)

GATO	R IRON & METAL CORP.							
Principal Place of Business Mailing Address							DINI BRITE IRIN	10810 10 11 HARI
1833 N.W. 21ST STREET 1833 N.W. 21ST STREET POMPANO BEACH FL 33069						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/03/1994		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		pplied For
21	4 - 10	26	Suite, Ant. #, etc.			65-0045706		ot Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		Additional equired
City & State			City & State			6. Election Campaign Financing		
23		28				Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	intry		B. This corporation owes or has paid the cur		
24	25	29	30] Yes	7/No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
W	ALSH, SHELDON			18	Name			
1833 N.W. 21ST STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PC	DMPANO BEACH FL 33069				<u> </u>			
			i	83	i			ł
				64	City	- 1	85 Žip	Code
	- LP - C C07 OC	0 . 1 007 1000 51		Ш		FL		
office or re	gistered agent, or both, in the State of Amiliar with and accept the obliga-	of Florida, Such ch ange w as stions of Section 60 7 0505 , F	nes, the at authorized forida Stat	d by	the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as	registered registered
SIGNATURE _								
	Signature typed or priored name of registered ages			d Ago	nt signature require	ed when reinstating) DATE	5105050	
TITLE	DP OFFICERS AND	DELETE	13.	TI E	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME		VALSH, SHELDON					☐ Oldinge	L Rushion
STREET ADDRESS	7622 SOLIMAR CIRCLE		1		ADDRESS			1
CITY-ST-ZIP	5004 54704 54 56466		1.4 CITY - ST - ZIP					
TITLE	### ### ### ##########################	DELETE 21					Change	Addition
NAME			f	2.2 NAME			•	(
STREET ADDRESS			: 2.3 ST	REET	ADDRESS			ŀ
CITY-ST-ZIP			2. 4 C	IIY-S	sT-ZIP			İ
TITLE		DELETE	3.1 11				Change	Addition
NAME			3.2 NA	ME	•			1
STREET ADDRESS			3.3 ST	REE1	ADDRESS			l
CITY-ST-ZIP			3.4. C	TY-S	i - ZIP			
TITLE		DELETE	4.1 10	TLE	1		Change	Addition]
NAME			4. 2 N	AME				
STREET ADDRESS			4 3 ST	REET	ADDRESS			
CITY-SY-ZIP			4.4 CI		I - ZIP			
TITLE		L DELETÉ	5.1 TI				☐ Change	Addition
NAME			5.2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		Driese	5.4 CI		I-ZIP		0	4.351
TITLE		☐ DELETE	6.1 111		1		Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 \$1	HEET.	ADDRESS			1

14. Thereby 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 trusted empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

SIGNATURE.

SILGE

954978-4054

FILED

May 18 1998 8:00am

Secretary of State