

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000086775 (1)

1. Corporation Name

G.I.M. GROFF INDUSTRIALS METALS, INC.

Principal Place of Business

**13140 N.W. 45TH AVENUE
OPA LOCKA FL 33054**

Mailing Address

**13140 N.W. 45TH AVENUE
OPA LOCKA FL 33054**

**APPROVED
AND
FILED**

95 MAR 28 PM 2:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

600001443236

-03/29/95--01097--007

*******200.00 *****200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**REQUEJO, LUISA M
13140 N.W. 45TH AVENUE
OPA LOCKA FL 33054**

10. Name and Address of New Registered Agent

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

(Signify by typed or printed name of registered agent and file a declaration)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
CARBALLO, RAFAEL
11524 S.W. 149TH COURT
MIAMI FL 33196**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
REQUEJO, ANTONIO J
15941 S.W. 53RD COURT
FT. LAUDERDALE FL 33331**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**SD
REQUEJO, LUISA M
15941 S.W. 53RD COURT
FT. LAUDERDALE FL 33331**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
LEON, GILBERTO
833 N.E. 167TH ST. SUITE 321
MIAMI BEACH FL 33162**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

LUISA M. REQUEJO

3/20/95 3W 522 7737