

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
 May 01 1996 8:00 am  
 Secretary of State

**DOCUMENT # P94000092012 (1)**

1. Corporation Name  
**BENADA ALUMINUM OF FLORIDA, INC.**



Principal Place of Business: **7900 GLADES ROAD BOCA RATON FL 33434**  
 Mailing Address: **7900 GLADES ROAD BOCA RATON FL 33434**

3. Date Incorporated or Qualified: **12/21/1994**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **65-0542365**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]  
 Suite, Apt. #, etc.: 22 [ ]  
 City & State: 23 [ ]  
 Zip: 24 [ ] Country: 25 [ ]  
 2a. Mailing Address: 26 [ ]  
 Suite, Apt. #, etc.: 27 [ ]  
 City & State: 28 [ ]  
 Zip: 29 [ ] Country: 30 [ ]

**9. Name and Address of Current Registered Agent**

**AZ REGISTERED AGENT CORPORATION  
 2601 SO. BAYSHORE DRIVE  
 STE. 1600  
 MIAMI FL 33133**

**10. Name and Address of New Registered Agent**

81 Name: [ ]  
 82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
 83 [ ]  
 84 City: [ ]  
 85 Zip Code: **FL** [ ]

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: [ ] DATE: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDKIN, MONTE</b>	
STREET ADDRESS	<b>7900 GLADES ROAD</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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*pm 5-1-96*

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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, for only in attachment with an address.

**SIGNATURE:** *Monte Friedkin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Monte Friedkin**

**407-479-1882**  
 (800) 352-2222

CR2E034 (12/95)