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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500001160 (7)

MACHINED METALS, INC.

SIGNATURE:

Principal Pace of Business Mailing Address 5700 HOUCHIN ST 5700 HOUGHIN ST UNIT S

FILED Mar 26 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 01/03/1995	3a. Date of Last R 04/29/1996	eport
2. Prince at 12	began the negative	2a. Mailing Address		4. FE! Number	1 - 17 - 1	plied For
9900	PHINED HETALS INC.	26		65-0550366	}+	t Applicable
Suite, Apt	STATE OF STATE	Suite, Apt. #, etc.			\$0.75	
2	and many 1.00 match.	27		I & Certificate of Status Desired I I		equired
City & State	f:	City & State		6. Election Campaign Financing	\$5.00	May Be
3		28		Trust Fund Contribution	Added	to Fees
Zip T	Country	Zιρ	Country	8. This corporation has liability for		. 199.032,
4	[25]	29 30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
	9, Name and Address of Curre	ni registered Agent	81 Name	10. Name and Address of New Ne	Bisteled Whelit	
	NSVOLD, MARK HOUCHIN ST		1300	INSUOLD MAK		
UNIT				ress (P.O. Box Number is Not Acceptat		4
	LES FL 33942		83	SOUTH Horse	shoe er	# 100
THEN	LEO I E GOOVE					
			64 City	# .m.m	FL 85 Zip (Code
11 Ours cont	to the precisions of Sections 607 05	02 and 007 1508 Florida Statu	ites the above-named cor	poration submits this statement for the p		s registerer
office or r	egistered agent, or both, in the State	e of Horida. Such change was	authorized by the corpora	ation's board of directors. I hereby accept	ot the appointment as	registered
agent La	enifamicar with, and accept the obliq	gations of, Section 607.0505, F	lorida Statutes.			
SIGNATURE	To protone two chorphoned transcollegic on diag	neot and the it applicable	DTE Registered Agent's gnature requ	red wher reinstaling)	DATE	
12.	The second of th	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
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	5224 31ST PL SW					
STREEL ANDRES	3224 3131 FL 311		1.3 STREET ADDRESS			
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