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

PROFIT CORPORATION

SIGNATURE: X



FLORIDA DEPARTMENT OF STATE

_	INUAL REPORT Secretary of State 1996 Division of Corporations						
DOCUM	IENT # P9500 0	0034582 (3))				
•	METALS BROKERAGE, INC.						
5.152							
Principal Place o	of Business	Mailing Address			-	il 60 111 80108 111	
Principal Place of Business Mailing Address 1560 GUEL BOULEVARD 1560 GUEL BOULEVARD							
CLEARWATER		CLEARWATER FL 34630					
					3. Date Incorporated or Qualified	3a. Date	of Last Report
BM	e of Business	2a. Mailing Address			04/28/1995 4. FEL Number		Appled For
2. Principal Plac BASE M 1	SETALS BROKERAGE INC	126 B M B			59-33274	38/	Not Applicable
Suite, Apt. #, etc. BRO				GE INC	5. Certificate of Status Desired	<u>г</u>	\$8.75 Additional
2 601 CLEVELAND STREET 27 CIS 18 State 230 City & State					6. Election Campaign Financing		Fee Required \$5.00 May Be
CLEARWATER, FLORIDA 34615 29601 CLEVELAND ST				1	Trust Fund Contribution		Added to Fees
Zip	Country		LOGIDI	34615	B. This corporation has liability for		x under s 199.032,
4	9. Name and Address of Current		30		Florida Statutes Yes 10. Name and Address of New I		Agent
	9. Name and Address of Correin	negistered Agent	81	Name	10. 114110 014		
CARRION	N, RAMON		82	Street Addre	iss (P.O. Box Number is Not Accepta	bile)	
28100 US 19 NORTH STE. 502							
CLEARW	/ATER FL 34621		83	3			
			84	City		FL	85 Zip Code
11. Pursuan to	the provisions of Sections 607.0502 d age. or both, in the Strite of Florid	and 607.1508. Florida Statutes	s, the above	.1 named corpora	ition submits this statement for the pu	rpose of cha	_ll nging its registered office
familiar with	greature, type) or payon greature, type)	on 607.0505, Fiorida Statules.	E Bijstered Ap	- it signature in i pirred	without restistate gr	1141	
TITLE	CLEARWATER FL 34630		13. 1 1 HUE 1.2 NAME		ADDITIONS/CHANGES TO OF		Change Addition
NAME						_	
STREET ADDRESS			13 SIRE	EL ADDRESS			
CITY-ST-ZIP			14 CITY				Change El Addition
THLE			2 1 TITLE	1	Change Addition		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STBEI	F1 ADDRESS			
CITY-ST-ZIP			2.4 CiTY				
THEE	DELETE 3		3 1 TITLE			Ü	Change Addition
NAME			3.2 NAM5				
STREET ADDRESS			3.3. STRE 3.4 CiTY	ET ADDRESS			
CITY-ST-ZIP TITLE			4 1 TIFLI			Ε	Change Addition
NAME			4.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CHY-S1-7IF		☐ DELETE	4.4 CITY				Change Addition
TITLE NAME		Occusio	5 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 C/TY			_ _	
TITLE			6 1 117L			[Change Addition
NAME Chief Languege			6.2 NAM 6.3 STB6	E ADDRESS			
STREET ADDRESS CHY+ST+ZIP			6.4 CITY				
## Lela basab	y certify that the information supplied	with this filing is voluntarily furni	shad and do	see not qualify fo	or the exemption stated in Section 11	9.07(3)(k). Flo	orida Statutes. I further
certify that oath; that I appears in	y certify that the information supplied the information indicated on this annul I am an offiser or director of the corpor Block 12 or Block 1Wif changed pro	iai report or supplemental annu- ration or the receiver or trusted on an attachment with an addri	uai report is i empowerei ess.	are and accura dito execute thi	is report as required by Chapter 607,	Florida Statut	es; and that my name

Day- no Planto #

SIGNATURE AND TYPED OR PRINT SCHAME OF SIGNING OFFICER OR DIRECTOR