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**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra P. Mortinem

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P95000044328 (9)

TORNMETAL CORP.

**FILED** Jun 10 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					C COBICEDA ICO 1819) OCATI ODEIA BOLLI DALLI SDEIC BIOLI DIDDO ELITO (COBE 1016 IDA)					
848 BRICKELL AVE SUITE 1010 MIAMI FL 33131			848 BRICKELL AVE SUITE 1010 MIAMI FL 33131-2943							
							3. Date Incorporated or Qualified 06/08/1995	3a. Date of 6		port
2. Principal Place of Business		2a. Mailin	2a. Mailing Address				4. FEI Number			olied For
21		26	26				APPLIED FOR-	Ī	Not Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				\$8.7			dditional
22		27					Certificate of Status Desired		ee Rec	
City & State	6	City &	City & State				6. Election Campaign Financing	\$!	5.00 1	Мау Ве
23		28]		····			Trust Fund Contribution		dded to	
<del></del>	Zip Country		Zip Cou				8. This corporation has liability for in		ider s.	199.032.
24	26	29		30				Yes 🗌 No		
	9. Name and Address of Cur	rent Registered A	igent		<u> </u>		10. Name and Address of New Reg	istered Agent		
OJE	DA, ALAN				81	Name				
848	BRICKELL AVE SUITE 1010					Street A	Address (P.O. Box Number is Not Acceptable)			
MIAI	MI FL 33131							·		
	_				83					
	-			1	84	City		<b>85</b>	Zip C	ode
						-			,	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508 ate of Florida. Suc ligations of, Sectic	3, Florida Stalut h change was a on 607.0505, Flo	es, the at authorized orida Stati	oove d by utes	named of the corp	corporation submits this statement for the pu oration's board of directors. I hereby accep	urpose of chan- t the appointme	ging its ent as re	registered egistered
SIGNATURE	<u> </u>					-				
	Signature, typed or printed name of registered	<del></del>	Jo. (NOT		Age	nt signature i	required when reinstating)	DATE		
12.		AND DIRECTORS	Driette	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D HAN		☐ DELETE	1.1 111			4	[_] (1	ange	Addition
NAME	BUEZO, JUAN	040		1.2 NA						
STREET ADDRESS	848 BRICKELL AVE SUITE 1	010		1.3 ST	REE1	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	· · · · · · · · · · · · · · · · · · ·	D Street	1.4 01		I-ZIP				
TITLE			DELETE	2.1 TII			T.	L Cr	ange	Addition
NAME				2.2 NA	ME					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			The release	2. 4 CI		I-ZIP				T
TITLE			DELETE	3.1 TIT				☐ C1	ange	Addition
NAME				3 2 NA			. :			
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4 CI		1-ZIP				
TITLE			DELETE	4.1 TJT	LF			[] Ch	ange	Addition
NAME				4. 2 N	AME.		•			
STREET ADDRESS				4.3 S1	REET :	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-S	T-ZIP				
TITLE			☐ DELETE	5.1 TIT	LF			□ Ct		☐ Addition
NAME	ļ			5.2 NA	M£		eddddssa	9756		
STREET ADDRESS				5.3 ST	REET.	ADDRESS	-06/12/970100	15011		
CITY-ST-ZIP				5.4 CH	Y-81	1- ZIP	***165 <b>.</b> 00			
TITLE			DELETE	6.1 TIT	LE			☐ Ct	ange	Addition
NAME				6.2 NA	ME	-		•	0	C
STREET ADDRESS						ADDRESS			Ľ	<i>ن</i> • • • •
OUT OF THE		_		0.400		. 200			$\epsilon$	5.10

 14. I do hereby certify that the information supplied information indicated on this annual report or sultarn an officer or director of the corporation or appears in Block 12 or Block 13 if changed, or with this filing does not qualify the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of an attachment with an address.