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

Mailing Address 2300 CORAL WAY

MIAMI FL 33145-3511

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2300 CORAL WAY

MIAMI FL 33145

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

COLY - ST - ZIP

CITY - ST - 7IP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054208 (0)

ZERON'S IRON CRAFT, INC.

3a. Date of Last Report 3. Date Incorporated or Qualified 07/13/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0592765 2300 CORAL WAY 26 2300 CORAL WAY Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 200 # 200 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be MIAMI FLORIDA 28 MIAMI FLORIDA Trust Fund Contribution Added to Fees Ζip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 US 33145 24 33145 lao DS Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLORIDA ANNUAL REPORT SERVICE, INC. 2300 CORAL WAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 200 83 MIAMI FL 33145 **B4** City Zio Code tions 607.0502 and 607.2508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered dept in the purpose of t 11. Pursuant to the provisions of arn fa AMADA CANTERA LOPEZ.PRES SIGNATUR DAT OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1,1 TITLE TITLE ZERON, JOSE A NAME 1.2 NAME 600002162956 05/02/97-01047-002 **2721 WEST 74 STREET** 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 1.4 CITY-ST-ZIP CITY-ST-7IF ****165,00 Thanber T Addition DELETE 21 TITLE HILL ZERON, RAUL A 2.2 NAME NAME **3148 NW 35 STREET** 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** 2. 4 CITY-ST-ZIP CITY - \$1 - 7IP DELETE Change Addition TILLE 31 TITLE TORRES, LEONARD NAME 3.2 NAME **3711 NW 13 STREET** 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition THEF 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

NP74/30

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address

APPROVED

97 APR 30 PM 1:49

SECRETARY OF STATE TALL AHASSEE. FLORIDA



Change

Daytime Phone #

0202929

Addition