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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066374 (6) TONY ALUMINUM, INC.

Principal Place of Business

MA WEST IN STREET

Mailing Address

605 WEST 15 STREET

FILED May 16 1997 8:00am Secretary of State



HIALEAH FL 33	010	HIALEAH FL 33010-2827	1				
					3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last F	Report
2. Principal Place of Business		28. Mailing Address	- t - 1		4. FET Number 65-0605742	Applied For	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	[26] Suite, Apt. #, etc.		CO 75 Address 1		
22		27	···· 1		5. Certificate of Status Desired Fee Required		
City & State		City & State	i '		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Cur	[29]	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
THE	LAW FIRM OF LAWRENCE J			Name	Io. Name and Address of New Heg	listered Agent	
343 ALMERIA AVENUE							
	IAL GABLES FL 33134		82	82 Street Address (P.O. Box Number is Not Acceptable)		ic)	{
			83				
			<u> </u> 84	City		85 Zip	Code
-13-		000	.		The state of the s	FL `` '	
office or r agent. I a	to the provisions of Sections 607.6 egistered agent, or both, in the St m familiar with, and accept the ob	บรบ2 and 607.1508, Florida Sta ate of Florida. Such change wa digations of, Section 607.0505,	itutės, the abov is authorižed b Florida Statute	e-named corp y the corpora s.	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing i t the appointment as	is registered registered
SIGNATURE	Signature, typed or printed name of registered	some and tile it some stree (N	NOTE: Benichted An	cul signat no requi	ired when reinslating)	DATE	
12.	OFFICERS	AND DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 12
TITLE	PSTD	Driete	1.17111.6			☐ Change	Addition
NAME	RODRIQUEZ, ANTONIO 605 WEST 15 STREET		1,2 NAME	İ			
STREET ADDRESS	HIALEAH FL 33010			LADDRESS			j
CITY-ST-ZIP TITLE	NIALEAN FL 93010	DELETE	1.4 CHY-: 2.1 THLE	ST-7IP	***	Change	Addition
NAME		Ditt.tt	2.2 NAME			L Change	[_] V00((())) [·
STREET ADDRESS			B ***	1 ADDRESS			
CITY-ST-Z#P			2 4 CHY-				
TITLE		Diffit [3171111			Change	Addition
NAME			3.2-NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP		DETELL	3.4, CITY-	\$1 - 7 P		Change	Addition
TITLE NAME			4.1 TRUE 4.2 NAME	}		□ слипде	☐ Audition
STREET ADDRESS			I -	1 ADDRESS			
CITY-ST-ZIP			4.4 (CRY-)	1			
TITLE		☐ DELF1E	5.1 11111	=====		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 DITY-	S1-2IP			
TITLE		DELETE	6.1 1171.8			L. Change	L Addition
NAME OTDEET ADDRESS			6.2 NAME	TADDICO			
STREET ADDRESS CITY-ST-ZIP			6.3 \$1R01 6.4 \$11Y+	T ADDRESS			
GIA-21-78	L		64 FUY	51-71P			

I do hereby certify that the information supplied with this filing re-information indicated on this annual report or supplemental annual I am an officer or director of the corporation of the receiver or trus not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the yord is true and accurate and that my signature shall have the same legal effect as if made under oath; that propowered to execute this report as required by Chapter 607, Florida Statutes, and that my name