

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG -4 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073579 (1)

1. Corporation Name
FLORIDA HOLLOW METAL PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5301 E HARRISON ST
HARLINGEN TX 78550**

Mailing Address

**5301 E HARRISON ST
HARLINGEN TX 78550**

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

Country

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3337578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FULLER, JEFFREY M
100 NORTH TAMPA STREET
SUITE 2650
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MALDONADO, CESAR	
STREET ADDRESS	1501 E. HARRISON STREET	
CITY-ST-ZIP	HARLINGEN TX 78550	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MALDONADO, SALOMON	
STREET ADDRESS	1501 E. HARRISON STREET	
CITY-ST-ZIP	HARLINGEN TX 78550	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MALDONADO, ROBERTO J.	
STREET ADDRESS	1501 E. HARRISON STREET	
CITY-ST-ZIP	HARLINGEN TX 78550	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MALDONADO, JORGE S.	
STREET ADDRESS	1501 E. HARRISON STREET	
CITY-ST-ZIP	HARLINGEN TX 78550	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002261581-3
-08/08/97--01104--013
******165.00 ****165.00**

[Handwritten signature]
8-7-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten signature]* **CEGAR MALDONADO** 7/22/97 (210) 423-0912

CR2E034 (4/97)

FLORIDA HOLLOW METAL PRODUCTS INC.

P.O. BOX 18205
Tampa, Florida 33679

(813) 254-0304

FAX (813) 254-3763

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July 28, 1997

Department of State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is a check in the amount of \$165.00 for the 1997 Profit Corporation Annual Report fee. I would like to request that the late penalty fee of \$385.00 be waived due to the fact that the first notice was never received by Florida Hollow Metal Products. I have enclosed a copy of the cover for the 2nd notice which the Post Office wrote on.

If you have any questions or need additional information I can be contacted at (210) 423-0912.

Sincerely,

Guadalupe Barron

Guadalupe Barron
Accounting Manager