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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000074241 (7)

META	AL REACTION MANUFACTUR	RING,	INC.						
Principal Place	of Business	Ma	ailing Address					Do ra 1884 Elele Hall	
7760 W. 24 HIALEAH F	oth ave., ste. 5 :L 33016		7760 W. 20TH AVE., HIALEAH FL 33016	STE. 5					
						3. Date Incorporated or Qualified 09/25/1995	3a.	Date of Last Repo	ort
2. Principal Pla 21		2a. 26	Mailing Address			4, FEI Number		XX Apr	olied For t Applicable
Suite, Apt. #		27	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	quired
City & State 23 Zip	Country	28	City & State	I Count		6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	Fees
24	25 25 25 Name and Address of Current	29 Regist	Zip	Gounti		This corporation has liability for Florida Statutes Y Name and Address of New	es 🔲 N	o	9.032,
77 6 0 \	Z, LUIS N. 20TH AVE., STE. 5 AH FL 33016			8.8	2 Street / 34	Robert Gomez Address (P.O. Box Number is Not Accept 150 SW 139th Ave. Miramar	able)	FL 85 Zip 0	
tamiliar wit	h, and accept the obligations of, Section of	n 607.0 id stic it a	0505, Florida Statutes.			orporation submits this statement for the p board of directors. Thereby accept the ap epited when renstating	ourpose o opointmer	f changing its regint as registered ag	stered office jent. I am
12.	OFFICIANS AND	DIREC		13.		ADDITIONS/CHANGES TO O	FFICERS		
TITLE	0		HELIGK K	1. 1 3171		P/D		XX Change [Addition
NAME	GOMEZ, LUIS			1.2 NAM		Robert Gomez			
STREET ADDRESS	13295 ARCH CREEK TER.				ET ADDRESS	3450 SW 139th Av			
CHY-ST-ZIP THILE	MIAMI FL 33181 DT		XX DELETE	1.4 Cr1Y - 2 1 TrTLI		Miramar, FL 330	27	Change [Addition
NAME	BURNS, LAURENCE F		XXI Date in					L1 change L	
STREET ADDRESS	7760 W. 20TH AVE., STE. 5			2.2 NAMi					
CITY-ST-21P	HIALEAH FL 33016			2.4 CrTY	ET ADDRESS				
TUTLE	TID LEFUTTE GOOTG		DELETE	3 17(11)				Change [Addition
NAME			-	3.2 NAME					
STREET ADDRESS				3.3 STR5	ET ADDRESS				
CITY-ST-ZIP				3.4 C/TY	- S1 - ZIP				
TIFLE			DELETE	4. 1 T-TLE				Change	Addition
NAME				4.2 NAM5					
STREET ADDRESS				4.3 STRE	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY	- S1 - ZIP				
Inte			☐ DELETE	5 1 1011				Change	Addition
NAME				5.2 NAM6					
STREET ADDRESS				5.3 STRE	FT ADDRESS				
CITY - S1 - ZIP				5.4 CITY	-ST-ZIF				
TIFLE			☐ DELETE	€ 1 1/11/				Change [Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STRE	ET ADDRESS				
				1					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 (305) 816-569)

CR2E034 (12/95)