

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90126 031 ***150.00

DOCUMENT # P96000003157

1. Corporation Name
METALEX, INC.

Principal Place of Business
1900 NW 54TH AVE
MARGATE FL 33063
US

Mailing Address
1900 NW 54TH AVE
MARGATE FL 33063
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number
65-0667605

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2230 NW 33RD TERRACE
Suite, Apt. #, etc.

2a. Mailing Address
26 2230 NW 33RD TERRACE
Suite, Apt. #, etc.

23 City & State
COCONUT CREEK, FL.

28 City & State
COCONUT CREEK, FL

24 Zip Country
33066 USA

29 Zip Country
33066 USA

9. Name and Address of Current Registered Agent

NADEAU, J.C.
1900 NW 54TH AVE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2230 NW 33RD TERRACE

83

84 City COCONUT CREEK FL 85 Zip Code 33066

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 J. Nadeau JOHANNE NADIA SECRETARY

DATE 04/16/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME NADEAU, J.C.
STREET ADDRESS 1900 NW 54TH AVE
CITY-ST-ZIP MARGATE FL 33063

TITLE S
NAME NADEAU, JOHANNE
STREET ADDRESS 1900 NW 54TH AVE
CITY-ST-ZIP MARGATE FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME NADEAU, J.C.
1.3 STREET ADDRESS 2230 NW 33RD TERRACE
1.4 CITY-ST-ZIP COCONUT CREEK, FL. 33066

2.1 TITLE S
2.2 NAME NADEAU, JOHANNE
2.3 STREET ADDRESS 2230 NW 33RD TERRACE
2.4 CITY-ST-ZIP COCONUT CREEK, FL. 33066

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHANNE NADIA NADEAU

Date

Daytime Phone #

04/16/99 954 971-9532

0159093

CR2E034 (11/98)