

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

DOCUMENT # *P96000022007*

1. Corporation Name

FLORIDA METAL SPINNING, INC

Principal Place of Business

Mailing Address

*5273 NW 161 STREET
MIAMI, FL 33014*

*5273 NW 161 STREET
MIAMI, FL 33014*

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90071 011 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/18/96

4. FEI Number

65-0695973

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 *5273 NW 161 ST*

Suite, Apt. #, etc.

22

City & State

23 *MIAMI FL*

Zip *33014*

Country

25 *USA*

2a. Mailing Address

26 *5273 NW 161 ST*

Suite, Apt. #, etc.

27

City & State

28 *MIAMI, FL*

Zip *33014*

Country

30 *USA*

9. Name and Address of Current Registered Agent

*RAMON TRUJILLO
543 E. 8 ST. - APT B
HIALEAH, FL 33010*

10. Name and Address of New Registered Agent

81 Name *FRED K. LICKSTEIN, ESQ*
82 Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd ST. - 17th FL.
83
84 City *MIAMI* FL 85 Zip Code *33131*

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

Fred K. Lickstein
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE *P/S/T* ☐ DELETE
NAME *RAMON TRUJILLO*
STREET ADDRESS *270 W. 63 ST*
CITY-ST-ZIP *MIAMI, FL 33012*

TITLE *VP* ☐ DELETE
NAME *PEDRO ORTA*
STREET ADDRESS *190 E. 11 ST*
CITY-ST-ZIP *MIAMI, FL 33010*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Ramon Trujillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMON TRUJILLO, PRES.

4/14/99

Date

305-623-1067

Daytime Phone #