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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000060359 (2)

EDWARD GENERAL STEEL ERECTORS, INC.

## **FILED** Mar 10 1998 8:00am Secretary of State



| Principal Place  | e of Business                 | Mailing Address                   |                     | t femtiont tif iffien nigt fatt anit detti effen fritt blind tifft bitla ifft      |
|--|-------------------------------|-----------------------------------|---------------------|--|
| 15010 DUNBARTON PLACE  |                               | 15010 DUNBARTON PLACE             |                     |  |
| MIAMI LAKES FL 33016   |                               | MIAMI LAKES FL 33016              |                     |  |
| ļ  |                               |                                   |                     | DO NOT WRITE IN THIS SPACE   |
|  |                               |                                   |                     | 3. Date Incorporated or Qualified  |
| O Delegies I O   | lace of Business              | LA. Division Address              |                     | 07/17/1996 4. FEI Number   Applied For   |
| 2. Principal P   |                               | 2a. Mailing Address<br>26 J3/ E 3 | 6 STReet            | 1.454.04.4   |
| 21 J 3/ E<br>Suite, Apt.   |                               | 26 J3/ E 3                        | 6 sincer            | 65-0686674   Not Applicable   \$8.75 Additional                                    |
| 22   | w, 6tc.                       | 27                                |                     | 5. Certificate of Status Desired Fee Required                                      |
| City & State   | Α                             | City, 8 State                     |                     |  |
| 23 HiAL  | eah Fl                        | 28 HiAleal                        | FI                  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip  | Country                       | Zip                               | Country             | 8. This corporation owes or has paid the current year Intangible                   |
| 24 3301  | 3 25                          | 29 3 30/3 30                      | 0                   | Personal Property Tax due June 30. Yes V No  |
|  | 9, Name and Address of Curren |                                   | <u> </u>            | 10. Name and Address of New Registered Agent                                       |
| VEGA, EDWARD R 81 Name   |                               |                                   |                     |  |
| AFOAD DINIBARTON DI LOC  |                               |                                   |                     | dd (D O D North In North   |
| MIAMI LAKES FL 33016   |                               |                                   | Street A            | ddress (P.O. Box Number is Not Acceptable)  E 36 Start                             |
| 83   |                               |                                   |                     |  |
| ļ  |                               |                                   |                     |  |
|  |                               |                                   | B4 City             | 4; Aleah FL 85 33013   |
| 11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Elegida 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                               |                                   |                     |  |
| SIGNATURE Signature, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |                               |                                   |                     |  |
| 12.  | OFFICERS AND                  |                                   | 13.                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |
| TITLE  | PD                            | DELETÉ                            | 1.1 TITLE           | ☐ Change ☐ Addition  |
| NAME   | VEGA, EDWARD R                | _                                 | 1 2 NAME            | <del></del>  |
| STREET ADDRESS   | 15010 DUNBARTON PLACE         |                                   | 1.3 STREET ADDRESS  | SAI E 36 STREET  |
| CITY-ST-ZIP  | MIAMI LAKES FL 33016          | · ·                               | 1.4 CITY - ST - ZIP | 131 E 36 STREET<br>History F1 33013  |
| TITLE  | VD                            | DELETE                            | 2.1 TITLE           | ☐ Change ☐ Addition  |
| NAME   | VEGA, HILDEGART               |                                   | 2.2 NAME            |  |
| STREET ADDRESS   | 15010 DUNBARTON PLACE         |                                   | 2.3 STREET ADDRESS  | s3, € 36 STreet  |
| CITY-ST-ZIP  | MIAMI LAKES FL 33016          |                                   | 2, 4 CITY-ST-ZIP    | HiAled Fl 23/13  |
| TITLE  |                               | DELETE                            | 3.1 TITLE           | ☐ Change ☐ Addition  |
| NAME   |                               |                                   | 3.2 NAME            |  |
| STREET ADORESS   |                               | l                                 | 3.3 STREET ADDRESS  | Ĭ  |
| CITY - ST - ZIP  |                               |                                   | 3.4. CITY-ST-ZIP    |  |
| TITLE  |                               | DELETE                            | 4.1 TITLE           | Change Addition  |
| NAME   |                               |                                   | 4, 2 NAME           |  |
| STREET ADDRESS   |                               |                                   | 4.3 STREET ADDRESS  | j  |
| CITY-ST-ZIP  |                               | i                                 | 4.4 CITY-ST-ZIP     |  |
| TITLE  |                               | DELETE                            | 51 TITLE            | ☐ Change ☐ Addition  |
| NAME   |                               | •                                 | 5.2 NAME            |  |
| STREET ADDRESS   |                               |                                   | 5.3 STREET ADDRESS  |  |
| CITY-ST-ZIP  |                               |                                   | 5.4 CITY-ST-ZIP     |  |
| TITLE  |                               | DELETE                            | 6.1 TITLE           | Change Addition  |
| NAME   |                               |                                   | 6.2 NAME            |  |
| STREET ADDRESS   |                               |                                   | 63 STREET ADDRESS   |  |
|  |                               |                                   |                     |  |
| CITY-ST-ZIP  |                               |                                   | 6.4 CITY - ST - ZIP |  |

14. Thereby certify that the information supplied with this filling 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 furstee 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: Miles Resa

(305) 694-9641