## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 08 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000064990 (0) CASTING, MOLDS, & STAMPING, INC. Principal Place of Business 13430 Str. 131 ST. 13430 8 Ý. 131 ST. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business Mailing Address Applied For 1640 WEST 31 PLACE 14921 S.W. 164 TERR. 65-0698377 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MIALEAH MIAMI, 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33187 Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FUNGAROLI, JAMES -13480 S.W. 131 ST. 14921 5.W. 164 TERR. Street Address (P.O. Box Number is Not Acceptable) -MIAMI-FL 33196-MIAMI, FL 33187 83 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. FUNGAROLI OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE PRESIDENT JAMES F. FUNGAROLI MORA, FRANCIS X NAME 1.2 NAME 14921 S.W. 164 TERRACE 13430 S.W. 131 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** MIAMI, FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 C(7Y - ST - 7IP 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