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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082368 (7)

ARCO IRIS ORNAMENTAL IRON, INC.

Principal Place of Business Mailing Address							
1202 N.W. 3RD AVENUE 1202 N.W. 3RD AVENUE							
FLORIDA CITY		FLORIDA CITY FL 33034-2221					
					3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last	
2. Principa P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
1202	NW 3rd Avenue	26 same			pending		Vot Applicable
Suite Apt.	# etc	Suite, Apt. #, etc.	·····		5. Certificate of Status Desired		Additional
2		27			5, Certificate of Statos Desired	Fee	Required
City & State Flori	da City, FL 33034	City & State		_	Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under	s. 199,032,
4	25	29	o			Yes 🔀 No	
	Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
	AT FROM	10 TOOT B	81	Name Sa	ame		
		SO, JOSE R.	62	Street Addr	ess (P.O. Box Number is Not Acceptab	ie)	
		W 3rd Avenue		Oli Cot riddin	to box rumber is not receptate	,	
	Florid	da City, FL 33024	83				
			84	City		DE 7:-	Code
			84	City		FL 85 Zip	Code
agent. La SIGNATURE	m familiar with, and accept the obligat ഒള് രം. ഇത്ത്തെ കേട് സംശ്രേഷ്ക്ക്				ed when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TOLE	D P,S.T	aiille	11 TITLE			Change	Additio
NAME		FONSO, JUSE R.	1 2 NAME				
STREET ADDRESS		02 NW 3 Ave	1.3 STREET	ADDRESS			
CITY: ST 7:2		orida City, FL	1.4 CHTY - S	T-ZIP			
TITLE	330)34 🔲 DELETE	2.1 TITLE			Change	Additio
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY - ST - ZIP			2. 4 CITY - 5	ST-ZIP			
TITLE	D, VP, VS-ST	☐ DELETE	3.1 TITLE			Change	Additio
NAME	Sandra A. Franco		3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP	1202 NE 3 Ave. Florida City, FL 3	3034	3 4. CITY-5	ST-ZIP		······································	
TITLE	_	☐ DELETE	4.1 TITLE			Change	Additio
NAMÉ			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	5 1 TITLE			Change	Addition

14. I do 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 if 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME

61 TITLE 6.2 NAME

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

NAME STREET ADDRESS

THEE

NAME STREET ADDRESS

CITY - S1 - ZIP

CITY - S1 - ZIP

DELETE.

___ Change

Addition

FILED

Jan 23 1997 8:00am

Secretary of State