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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 30 1998 8:00am Secretary of State

DOCUMENT # P9700020068 (7)  M. A. METALS, INC.					
Principal Place of Business Mailing Address 3279 S.W. 24 TERRACE 3279 S.W. 24 TERRACE MIAMI FL 33145 MIAMI FL 33145				DO NOT WRITE IN T	
	Place of Business	2a. Mailing Address	TERRACE	02/27/1997  4. FEI Number 65 - 0733356	Applied For
Suite, Apt.	#, etc.	26 32// 5.W. 22 Suite, Apt. #, etc.	IEMACE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Zip	Country	City & State 28 MIAMI, FL. Zip	Country	Election Campaign Financing     Trust Fund Contribution      This corporation owes or has paid the	
24	25 9. Name and Address of Current	29 33145 <sub>3</sub>	MIAMI-DADE	Personal Property Tax due June 30.  10. Name and Address of New Registe	Yes No
32	ARREIRO, GLADYS R 179 S.W. 24 TERRACE IAMI FL 33145		<ul> <li>81 Name</li> <li>82 Street Addr</li> <li>83</li> <li>84 City</li> </ul>	ess (P.O. Box Number is Not Acceptable)	85 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.  SIGNATURE					
10	Signature, typed or printed name of registered agen		Registered Agent signature require		AND DIDECTORS IN 40
12. TITLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME STREET ADDRESS CITY+ST-ZIP	BARREIRO, GLADYS R 3279 S.W. 24 TERRACE MIAMI FL 33145	Section	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		_ Onlingo
TITLE NAME STREET ADDRESS	VD LUACES, VALENTIN C 10601 N.W. 105 WAY #748	L] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE	MIAMI FL 33178	L] DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE NAME STREET ADDRESS		☐ DELĒTE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		☐ Change ☐ Addition
City-St-Zip	certify that the information supplied wit	n this filing does not qualify for	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information

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

SIGNATURE

MANAGER AND TYPES OR PRINTED NAME OF SUPPLIES OR DIRECTOR

1/6/98 (205) 633-3515