

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

APPROVED
AND
FILED

0218049

99 MAY -3 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **03/17/1997**
4. FEI Number: **65-0735192** Applied For: ☐ Not Applicable: ☐
5. Certificate of Status Due: ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees
7. This corporation owes the current year intangible Personal Property Tax: ☐ Yes ☐ No
10. Name and Address of New Registered Agent

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000023610**

1. Corporation Name
TOLEDO METAL WORKS, INC.

Principal Place of Business
**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

Mailing Address
**2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

2. Principal Place of Business
21 **2300 CORAL WAY**
Suite, Apt #, etc.
22 **SUITE # 200**
City & State
23 **MIAMI FLORIDA**
Zip Country
24 **33145** 25 **U.S.**

2a. Mailing Address
26 **2300 CORAL WAY**
Suite, Apt #, etc.
27 **SUITE # 200**
City & State
28 **MIAMI FLORIDA**
Zip Country
29 **33145** 30 **U.S.**

9. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL 4-29-99

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation solemnly states that 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, I accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE **AMADA CANTERA LOPEZ, PRES.**

12. OFFICERS AND DIRECTORS

TITLE	PD	[DELETE]
NAME	SUAREZ, GUILLERMO	
STREET ADDRESS	4710 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	[DELETE]
NAME	ANDEREZ, JUAN	
STREET ADDRESS	4710 N.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL	
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

11 TITLE	[Change] [Addition]
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[Change] [Addition]
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[Change] [Addition]
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[Change] [Addition]
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[Change] [Addition]
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

2000023610-3
-05/07/99--01104--006
******150.00**

\$1513

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.99

CR2E034 (11/98)