## 5-11-98 B - 1068 CFILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

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FLORIDA DEPARTMENT OF STATE

## **FILED** May 11 1998 8:00am

ANNUAL RE	CORPORATION ANNUAL REPORT 1998		re B. Mortham retary of State DF CORPORATIONS	Secretary of State	
DOCUMEN 1. Corporation Name ASTRA CONS	T# <b>P970</b> 0 Bulting Internati	10060629 (7 Onal, INC.	7)		ANT CLUE ON THE OUT OF THE
Principal Place of Busin 1250 EAST HALLANDA HALLANDALE FL 3300	ILE BEACH BLVD	Mailing Address 1250 EAST HALLANDALE BEACH BLVD HALLANDALE FL 33009		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		07/11/1997 4. FEI Number 65-0767/38	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 me and Address of Curre	Zip 29	Country 30	8. This corporation owes or has paid the c Personal Property Tax due June 30.  10. Name and Address of New Registerer	urrent year Intangible Yes
office or registered agent. I am lamilia SIGNATURE	d agent, or both, in the State or vite and accept the object	e of Florida. Such change w pations at, Section 607.0505	as authorized by the corporal, Florida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
Signature, b	1	cot and title if applicable ( ND DIRECTORS	NOTE Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	UD DIRECTORS IN 12
TITLE DPS NAME SHT STREET ADDRESS 3801		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/DI PANGES TO GITTOETIG AL	Change Addition
TITLE NAME STREET ADDRESS	ETTOOD TE GOOTS	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	2 4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST- ZIP		Charge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[] DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 6.4 CITY - ST-ZIP		☐ Change ☐ Addition
14. I hereby certify the indicated on this a officer or director of Block 12 or Block	at the information supplied a neural report or supplied ent of the corporation or the rec 13 if changed, or on an att	with this tiling does not odal all annual report is true and ceiver or trusted empowered activent with an address	ly for the exemption stated in accurate and that my signatu to execute this report as req	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made ujuired by Chapter 607, Florida Statutes; and tha	certify that the information inder eath; that I am an time may be made appears in