

90027-002-\$158.75-\$158.75


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90027 002 ***158.75

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DO NOT WRITE IN THIS SPACE

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000084086 | | | | | |
| 1. Corporation Name INDRESA METALS, INC. | | | | | |
| Principal Place of Business 1401 BRICKELL AVE., STE. 300 C/O WEISS, HERNANDEZ & CORDERO, P.A. MIAMI FL 33131 | | | Mailing Address 1401 BRICKELL AVE., STE. 300 C/O WEISS, HERNANDEZ & CORDERO, P.A. MIAMI FL 33131 | | |
| 2. Principal Place of Business 21 Indresa Metals, Inc. | | 2a. Mailing Address 26 2410 NW 147 St. | | 3. Date Incorporated or Qualified 09/26/1997 | |
| Suite, Apt. #, etc. 22 2410 NW 147 St. | | Suite, Apt. #, etc. 27 | | 4. FEI Number 65-0790972 | |
| City & State 23 Miami, FL | | City & State 28 Miami, FL | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 33054 | | Country 25 USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent WEISS, MICHAEL N 1401 BRICKELL AVE., STE. 300 C/O WEISS, HERNANDEZ & CORDERO, P.A. MIAMI FL 33131 | | 10. Name and Address of New Registered Agent 81 Name Jose A. Arango 82 Street Address (P.O. Box Number is Not Acceptable) 2410 NW 147 St. 83 84 City miami FL 85 Zip Code 33054 | | | |
| 11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE <input type="checkbox"/> DELETE NAME D ARANGO, JOSE STREET ADDRESS 1401 BRICKELL AVE., STE. 300 CITY-ST-ZIP MIAMI FL 33131 | | | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ARANGO, JOSE 1.3 STREET ADDRESS 2410 NW 147 St. 1.4 CITY-ST-ZIP Miami, FL 33054 | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | |

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2/4/99 (305) 769-0999

CR2E034 (11/98)