## 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** 

	MENT # P970( z Metal Fabrication, I	000962! NC.	51 (8)			I IMAINA ILI HILI			
Principal Place of Business Mailing Address								FALLO HOLIAB OLIAB 1808 I	MILL HILL HOLD
	DD FL 33020		1510 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020			}			
							NOT WRITE IN TI	HIS SPACE	
						3. Date Incorporated	or Qualified		1
2. Principal F	Place of Business	2e. Malling Address				11/12/1997 4. FEI Number Applied For			
21		26				APPLIED	HDP_	<b>⊢</b> ——	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75		
22		27	27			5. Certificate of Statu	s Desired	Fee Re	
City & Stat	e	City & St	City & State			6. Election Campaign		\$5.00	May Be
23		28				Trust Fund Contrib	ution 🗌	Added	to Fees
Zip	Country	Zip	ļ.	Country		8. This corporation of	•		
24	25 25 Name and Address of Curre	29		30		Personal Property  10. Name and Addres			No
	MERILAWYER	in hegisteles Age		B1	Name A			TOU Agoin	
	43 ALMERIA AVENUE					1ARIA ZUL			
	CORAL GABLES FL 33134			82	Street Addr	ess (P.O. Box Number is		•	
•	THE WILLS IT SOLO			83	<u></u>	01000	<u></u>		
,					02.1			last at a	3-3-
				84	CHELL	1 word		FL 85 多	3000
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607,1508, F	lorida Statute:	s the above	named corp	peration submits this state	ment for the purpo:	e of changing it	s registered
agent. 1 a	m familiar with, and accept the oblig	ations of, Section	607.0505, Flor	ida Statutes	ine corporar i.	ion's board of directors, i	nereby accept the	appointment as	registered
SIGNATURE	Dann Glib	<u> </u>	·				<i>*</i> /	8194	
12.		ent and title if applicable ID DIRECTORS	(NOTE:	Registered Age	nt signature requir	red when reinstating)	TA	AND DIDEOTOR	0.151.40
TITLE	PVST		DELETE	13.	<del></del>	ADDITIONS/CHANG	IES TO OFFICERS	Change	Addition
NÀME	ZULIM, ANTE			1.2 NAME	1				
STREET ADDRESS	ARIA ARIATI MININ INACALLY			1.3 STREET ADDRESS					1
CITY-ST-ZIP	HOLLYWOOD FL 33020	•		1.4 CITY-S	- 1				ľ
TITLE	D	Mary		2.1 TITLE			<del></del>	☐ Change	Addition
NAME	ZULIM, ANTE			2.2 NAME					
STREET ADDRESS	1510 SOUTH DIXIE HIGHW	AY		2.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020			2.4 CITY-S	I - 71P				]
TITLE			DELETE	3.1 TITLE	] _	<del></del>	i	Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ĺ				1
CITY - ST - ZIP			1 ori exc	3.4. CITY - S	T-ZIP				
TITLE		<b>L</b>	_ DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	· ]				,
CITY - ST - ZIP TITLE		·	DELETE	4.4 CITY - \$1 5.1 TITLE	1- ZIP			Change	Addition
NAME		<u>-</u>		5.2 NAME				stango	
STREET ADDRESS				5.3 STREET	ADDRESS				(
CITY-ST-ZIP				5.4 CITY- \$1				,	
TITLE			DELETE	6.1 TITLE	· - · · · · ·			Change	Addition
NAME				6.2 NAME					ļ
STREET ADDRESS				6.3 STREET	ADDRESS				ľ

14. Thereby 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.

**FILED** 

Apr 15 1998 8:00am

Secretary of State