

PROFIT
CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 AM 9:06

DOCUMENT # P 99000057542

1. Corporation Name

M. ORNAMENTAL IRON WORKS INC

Principal Place of Business

Mailing Address

4815 E 10th Lane

4815 E 10th Lane

Hialeah FL 33013 - Hialeah FL 33013

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

4815 E 10th Lane

26 4815 E 10th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

28 Hialeah FL

Zip

Zip

Country

Country

33013

25

Dade

29 33013

30

Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAN DE JESUS MALTEZ

24 E 13th St

Hialeah FL 33010

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

NOTES:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PRESIDENT
JUAN DE JESUS MALTEZ
24 E 13th St
Hialeah FL 33010☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***150.00 ***150.00

8/6/27

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(300) 334-6166

Daytime Phone