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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| | 1997 | DIVISION OF | CORPORATIONS | 500100 | ary or state | |
|-------------------------------------|---|--|--|--|---|--|
| | MENT # S0954 METALS, INC. | 46 (0) | | | | |
| | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | ili endir gibri andar bibli endir albuk kadı | |
| 3675-C TAMPA RD OLDSMAR FL 34677 | | 3675-C TAMPA RD OLDSMAR FL 34677-6307 | 1 | | | |
| US | | US | | 2 Data have a challes O collision | Sa. Date of Last Report | |
| | | | | 3. Date Incorporated or Qualified 10/19/1990 | 09/13/1996 | |
| · ' | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 Suite, Apt | #, etc | 26 Suite, Apt. #, etc. | | 59-3035604 | Not Applicable \$8.75 Additional | |
| 22 | 771 Y 1 A | 27 | | Certificate of Status Desired | Fee Required | |
| City & Stat | te | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability fo | | |
| 24 | 25 9. Name and Address of Cu | 29 prent Registered Agent | 30 | Florida Statutes 10. Name and Address of New R | Yes V No legistered Agent | |
| | RGOE, BRUNO | | 81 Name | Sama | | |
| 1121 IDLEWILD DRIVE | | | 82 Street | | | |
| וטט | NEDIN FL 34698 | | 83 | | | |
| | | | 84 City | | 85 Zip Code | |
| | | | | | - FL " ' | |
| 11. Pursuant office or | to the provisions of Sections 607 registered agent, or both, in the 5 | .0502 and 607.1508, Florida Statu State of Florida, Such change was | ites, the above-named authorized by the cor | d corporation submits this statement for the poration's board of directors. I hereby accor- | epurpose of changing its registered ept the appointment as registered | |
| | V12 / | inligations of, Section 607.0505, F | forida Statutes. | | | |
| SIGNATURE | Signature: typed or printed name of register | | OTE: Registered Agent signatur | | DATE | |
| 12. | OFF#EERS | AND DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTORS IN 12 Change Addition | |
| NAME | GERGOE, BRUNO | | 1.2 NAME | | | |
| STREET ADDRESS | 1121 IDLEWILD DR | | 1.3 STREET ADDRESS | | | |
| City-St-ZiP | DUNEDIN FL 34698 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition | |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | ļ | | |
| CHTY ST 7IP | · · · · · · · · · · · · · · · · · · · | DELETE | 2 4 CITY-ST-ZIP | <u> </u> | Change Addition | |
| TITLE · | | ר חברבוני ה | 3 1 TITLE ! 32 NAME | ļ | Li Change Li Adulton | |
| NAME STREET ADDRESS | | | 33 STREET ADDRESS | | | |
| CITY-\$1-ZIP | | | 3.4. CITY-ST-ZIP | İ | | |
| THTLF | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| Crty-St-ZiP | | | 4.4 CITY-ST-ZIP | | | |
| THILE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition | |
| NAMÉ | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIF | | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | tal pertit | 6.2 NAME | | — viango — raunori | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | | |

14. I do 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.

6.4 CITY-ST-ZIP

FILED

May 05 1997 8:00am

Secretary of State