FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DE PARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** S87562 (2) D & S ALUMINUM, INC. Principal Place of Business Mailing Address 7613 LEMON WOOD CT. 7613 LEMON WOOD CT TAMPA FL 33625 TAMPA FL 33625 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1991 2. Principal Place of Business 03/20/1995 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-3090330 Suite. Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State C ty & State Fee Required 23 6. Flection Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Z_{1D} Country Added to Fees $Z_{(2)}$ Country 8. This corporation has liability for intangible tax under s 199.032. 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent Yes No 10. Name and Address of New Registered Agent 81 Nanie DIAZ, VIRGILIO J. 7613 LEMON WOOD CT. Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33625** 83 City 84 11. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Zip Code L DIA 2 V e of registered agent and title in applicable VICE PRISIDENT 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CR2E034 (12/95) TATLE DELETE 1. 1 T/ILE NAME SARIK, BRUCE Change Addition 1.2 NAME 8030 JACKSON SPGS. RD. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY - S1 - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE NAME DIAZ, VIRGILIO J. ☐ Change ☐ Addition 2.2 NAME 7613 LEMON WOOD CT. STREET ADDRESS 23 STREET ADDRESS TAMPA FL CITY-ST-ZIF 24 CITY - ST - ZIP THILE DELETE 3 1 TELE NAME Change Addition 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CHY-SI-ZIP 3 4 City ST-ZIP TITLE DELETE 4 1 TITLE NAME Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIE 4.4 C/TY - S1 - 2/P THEF DELETE 5. 1 300 F NAME Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CrTY-ST-ZiP 54 CITY - ST - ZIP TILLE DELETE 6 1 1111.8 NAME Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-712 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

920-5626 Dayone Phone !

PRINTED NAME OF SKNING OFFICE