

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V02944 (9)
1. Corporation Name
FLAMINGO METALS, INC.

Principal Place of Business Mailing Address
P. O. BOX 3587 P. O. BOX 3587
HIALEAH FL 33013-0587 HIALEAH FL 33013-0587

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1991	3a. Date of Last Report 05/12/1994
4. FEI Number 65-0302781	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent FIGUEREDO, GUILLERMO 460 E. 23 ST. # 309 HIALEAH FL 33013	10. Name and Address of New Registered Agent 81 Name MAYRA Figueredo 82 Street Address (P.O. Box Number is Not Acceptable) 460 E. 23 ST. 83 #309 84 City Hialeah, FL 3 FL 85 Zip Code 33013
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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 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 *[Signature]* DATE 4/24/95
NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	☐ Change ☐ Addition
NAME	FIGUEREDO, MAYRA	1.2 NAME	
STREET ADDRESS	460 E. 23 ST. # 309	1.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	1.4 CITY ST ZIP	
TITLE	TSD	2.1 TITLE	☒ Change ☐ Addition
NAME	FIGUEREDO, GUILLERMO	2.2 NAME	Delete
STREET ADDRESS	460 E. 23 ST. # 309	2.3 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 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.

SIGNATURE: MAYRA Figueredo, Pres. *[Signature]* DATE 4/24/95 805-687-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR