FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 JUN -6 PM 4:18

DOCUMENT # V49824

1. Corporation Name
Faimont Re-Bar Fabricators, Inc.,

Principal Place of Business / Mailing Address
c/o Thomas R. Shahady, Esq.
100 N.E. 3rd Avenue #850
Ft. Lauderdale, Florida 33301

3. Date Incorporated or Qualified: 7/10/92
3a. Date of Last Report:
4. FEI Number: corrected 65-0346587 — 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
317 N.E. 71st Street
Suite, Apt. # etc:
City & State: Miami, Florida
Zip: 33138
County: Dade

2a. Mailing Address
Fred K. Lickstein, Esq.
Suite, Apt. # etc: #1200 - 201 Alhambra Circle
City & State: Coral Gables, Florida
Zip: 33134
County: Dade

9. Name and Address of Current Registered Agent
c/o Thomas R. Shahady, Esq.
100 N.E. 3rd Avenue #850
Ft. Lauderdale, Florida 33301

10. Name and Address of New Registered Agent
Name: Fred K. Lickstein, Esq.
Street Address (P.O. Box Number is Not Acceptable): Semet, Lickstein, et al.
#1200 - 201 Alhambra Circle
City: Coral Gables, FL
Zip Code: 33134

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: Fred K. Lickstein — 6/5/96
Signature, typed or printed name of registered agent and title if applicable (REQUIRED when reinstating) — FRED K. LICKSTEIN — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President /Director	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Norman Anderson		1.2 NAME	
STREET ADDRESS	317 N..E. 71st Street		1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33138		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: Norman Anderson PRES/DIR — 6/5/96 — 305-757-0100
Signature and typed or printed name of signing officer or director: NORMAN ANDERSON — Date — Daytime Phone #