

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 28 AM 9:04

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10/29

DOCUMENT # V49824

(8)

1. Corporation Name

FAIRMONT RE-BAR FABRICATORS, INC.



Principal Place of Business

917 N.E. 71ST STREET
MIAMI FL 33138

Mailing Address

C/O FRED K. LICKSTEIN, ESQUIRE
#1200 201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

06/06/1996

4. FEI Number

65-0346587

Applied For
Not Applicable

5. Certificate of Status Desired

☒ NO \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICKSTEIN, FRED K
#1200 201 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

81 Name

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

83

84 City

600002333346-5

-10/29/97-01134-017

***750.00 FL ***750.00

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

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

(NOTE: Registered Agent signature required when reinstating)

10/21/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANDERSON, NORMAN
STREET ADDRESS 317 N.E. 71ST STREET
CITY-ST-ZIP MIAMI FL 33138

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VICE-PRESIDENT
2.2 NAME Neil Willard
2.3 STREET ADDRESS 317 NE 71ST ST
2.4 CITY-ST-ZIP MIAMI FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VICE-PRESIDENT
3.2 NAME Kenneth M. Smith Jr.
3.3 STREET ADDRESS 317 NE 71ST ST.
3.4 CITY-ST-ZIP MIAMI FL 33138

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE

Fred K. Lickstein

SIGNATURE REQUIRED

CR2E034 (4/97)