

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K80543 (7)**  
1. Corporation Name  
**ALUMINUM TRADING AND CONSULTING CORPORATION**



Principal Place of Business Mailing Address  
**% MICHAEL A. ZURITA  
2526 LEMON TREE LANE  
ORLANDO FL 32839-1061**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc 26 Suite, Apt #, etc  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **04/20/1995**  
4. FEI Number **59-2962782** 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

9. Name and Address of Current Registered Agent  
**ZURITA, MICHAEL A.  
2526 LEMON TREE LANE  
ORLANDO FL 32839**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (PRINT) Registered Agent signature required when required (Print) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                 |                               |                                 |
|-----------------|-------------------------------|---------------------------------|
| TITLE           | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>LUNA, GUSTAVO</b>          |                                 |
| STREET ADDRESS  | <b>AV PPAL LOS NARANJOS</b>   |                                 |
| CITY - ST - ZIP | <b>CARACAS, VENEZUELA</b>     |                                 |
| TITLE           | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME            | <b>ZURITA, MANUEL ANTONIO</b> |                                 |
| STREET ADDRESS  | <b>104 TEMPTATION CT.</b>     |                                 |
| CITY - ST - ZIP | <b>LAKE PLACID FL</b>         |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |
| TITLE           |                               | <input type="checkbox"/> DELETE |
| NAME            |                               |                                 |
| STREET ADDRESS  |                               |                                 |
| CITY - ST - ZIP |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |  |
|--------------------|---|--|
| 11 TITLE           | <b>P.</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | <b>FRANCISCO CABRERA</b>                  |  |
| 13 STREET ADDRESS  | <b>TORRE BRITANICA - PISO 9. ALTAMIRA</b> |  |
| 14 CITY - ST - ZIP | <b>CARACAS, VENEZUELA</b>                 |  |
| 21 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |   |  |
| 23 STREET ADDRESS  |   |  |
| 24 CITY - ST - ZIP |   |  |
| 31 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |   |  |
| 33 STREET ADDRESS  |   |  |
| 34 CITY - ST - ZIP |   |  |
| 41 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |   |  |
| 43 STREET ADDRESS  |   |  |
| 44 CITY - ST - ZIP |   |  |
| 51 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |   |  |
| 53 STREET ADDRESS  |   |  |
| 54 CITY - ST - ZIP |   |  |
| 61 TITLE           |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |   |  |
| 63 STREET ADDRESS  |   |  |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Doris Zurita* **941-465-1345**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DORIS ZURITA** Date: \_\_\_\_\_ Display Phone # \_\_\_\_\_

CR2E034 (3/96)