

**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

**DOCUMENT # F93000000402 (8)**

1. Corporation Name  
**PREUSSAG INTERNATIONAL STEEL CORPORATION**



Principal Place of Business  
**200 NE 7TH STREET  
HALLANDALE FL 33009**

Mailing Address  
**200 NE 7TH STREET  
HALLANDALE FL 33009**

|                                |                     |                     |                     |
|--------------------------------|---------------------|---------------------|---------------------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     |
| 21                             | State, Apt. #, etc. | 26                  | State, Apt. #, etc. |
| 22                             | City & State        | 27                  | City & State        |
| 23                             | Zip                 | 28                  | Country             |
| 24                             | Country             | 29                  | Zip                 |
| 25                             |                     | 30                  | Country             |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/28/1993</b>   | 3a. Date of Last Report<br><b>02/14/1995</b> |
| 4. FLI Number<br><b>58-1448179</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**MCGIVNEY, PETER A  
200 NE 7TH STREET  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |                                 |
|----------------|---|---------------------------------|
| TITLE          | CD  | <input type="checkbox"/> DELETE |
| NAME           | NOLTE, HARTMUT DR.                        |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD N.E. SUITE 595 |                                 |
| CITY-ST-ZIP    | ATLANTA GA                                |                                 |
| TITLE          | DP  | <input type="checkbox"/> DELETE |
| NAME           | BOTTERBUSCH, REINER                       |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD NE SUITE 595   |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30342                          |                                 |
| TITLE          | D   | <input type="checkbox"/> DELETE |
| NAME           | SEEGER, PETER                             |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD NE SUITE 595   |                                 |
| CITY-ST-ZIP    | ATLANTA GA                                |                                 |
| TITLE          | V   | <input type="checkbox"/> DELETE |
| NAME           | OSMERG, WOLFGANG                          |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD NE SUITE 595   |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30342                          |                                 |
| TITLE          | S   | <input type="checkbox"/> DELETE |
| NAME           | BRINKMANN, GISELA                         |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD NE SUITE 595   |                                 |
| CITY-ST-ZIP    | ATLANTA GA                                |                                 |
| TITLE          | TV  | <input type="checkbox"/> DELETE |
| NAME           | SMITH, DOUG                               |                                 |
| STREET ADDRESS | 5780 PEACHTREE-DUNWOODY RD NE SUITE 595   |                                 |
| CITY-ST-ZIP    | ATLANTA GA                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|    |                |   |
|----|----------------|---|
| 11 | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 | NAME           |   |
| 13 | STREET ADDRESS |   |
| 14 | CITY-ST-ZIP    |   |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. Smith* 3/13/96 (404)-257-9373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)