


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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528701 (6)
 1. Corporation Name
ADEPT MACHINING CO., INC.

Principal Place of Business 7885 W 2CT HALEAH FL 33014	Mailing Address 7885 W 2CT HALEAH FL 33014
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/07/1977		3a. Date of Last Report 07/01/1994	
4. FEI Number 59-1726201		Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
23 City & State		27 City & State	
24 Zip		25 Country	
29 Zip		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LEYNA, JOSE 15331 TURNBULL DR MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name Leyva, Jose 82 Street Address (P.O. Box Number is Not Acceptable) 6231 S.W. 136th Ave 83 Ft. Lauderdale, FL 33330 84 City FL 85 Zip Code		
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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, typed or printed name of registered agent and fee if applicable NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEYVA, JOSE 15331 TURNBULL DR MIAMI LAKES, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Leyva, Jose 6231 S.W. 136th Ave Ft. Lauderdale, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEYVA, BARBARA 15331 TURNBULL DR MIAMI LAKES, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	SD Leyva, Barbara 6231 S.W. 136th Ave Ft. Lauderdale, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYWOOD, NORMAN 914 W 67 PL HALEAN, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Haywood, Norman Route 4 Box 2348 Havana, FL 32333-9612 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Leyva SD* 4-11-95 305 558-7408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #