FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1. Corporation Name CORVETTE STAINLESS STEEL BRAKE Principal Place of Business 14364 S.W. 139TH CT MIAMI FL 33186 US	Mailing Address 14364 S.W. 139TH CT MIAMI FL 33166-5503			
			3. Date Incorporated or Qualified 09/22/1980	3a. Date of Last Report 05/01/1996
├ ── ┐	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt. #, etc.		59-2093023	Not Applicable \$8.75 Additional
<u></u>	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
9. Name and Address of Current Re			10. Name and Address of New Reg	
MILITANA, JOHN, ESQUIRE		81 Name		
8801 BISCAYNE BLVD. MIAMI FL 33138			lress (P.O. Box Number is Not Acceptabl	le)
		83		
		84 City		B5 Zip Code
Pursuant to the provisions of Sections 607.0502 are office or registered agent, or both, in the State of Fagent. I am familiar with, and accept the obligation.	Florida. Such change was a	authorized by the corpora	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable (NOTE	E. Registered Agent signature requ	ited when reinstation)	DATE
12. OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME PUTZ, JOHN		1		
SIREEFADORESS 14364 SW 139TH COURT		1.2 NAME	* ,	
	•	1.3 STREET ADDRESS	4.	i
CHTY-ST-ZIP MIAMI FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	· .	Chann Addition
TIPLE	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	· .	Change Addition
TITLE NAME	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	·.	Change Addition
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SIGNATURE:

14. I do hereby certify that the information supplied with this titu

appears in Block 12 or Block 13 if changed, or on an

an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I do hereby certify that the information supplied with this fluor descript 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 arrival eport 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 if true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

4/28/97

(305) 256-8077

FILED

May 07 1997 8:00am

Secretary of State

Daylime Phone #

0252415