

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

**APPROVED AND FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY - 1 AM 8:55

DOCUMENT # **F62025**

(4)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**FLORIDA BEARINGS, INC.**

Principal Place of Business  
**3164 NORTH MIAMI AVENUE  
DRAWER 690  
MIAMI FL 33127-3718**

Mailing Address  
**3164 NORTH MIAMI AVENUE  
DRAWER 690  
MIAMI FL 33127-3718**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/01/1982** 3a. Date of Last Report **04/25/1994**

2. Previous Place of Business

2a. Mailing Address

4. FEI Number **59-2162983** Applied For  Not Applicable

21 State, Apt # etc

26 State, Apt # etc

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contributor  **\$5.00 May Be Added to Fees**

23 City & State

28 City & State

9. Has corporation filed with the Secretary of State under Chapter 190, Florida Statutes  Yes  No

24 City & State

25 City & State

29 City & State

30 City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DE LA CRUZ, LUIS F. JR.  
241 SEVILLA AVENUE  
SUITE 805  
CORAL GABLES FL 33134**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 State **FL**

11. Pursuant to the provisions of Sections 190.01 and 190.02, Florida Statutes, this above named corporation certifies the statement for the purpose of changing its registered office to the registered agent or place in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment of registered agent name furnished and certifies the qualifications of Sections 190.01 and 190.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	<b>P MARCHETTI, ALBERT J. 10171 S.W. 49TH COURT COOPER CITY FL</b>
NAME	<b>V MARCHETTI, BRUCE 1400 N.W. 100 WAY PLANTATION FL</b>
NAME	<b>T MARCHETTI, JOAN 10171 S.W. 49TH COURT COOPER CITY FL</b>
NAME	<b>S MARCHETTI, PATTI 1400 N.W. 100 WAY PLANTATION FL</b>
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	
NAME	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

NAME	<b>President MARCHETTI, BRUCE 1400 N.W. 100 WAY PLANTATION, FL 33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice-President MARCHETTI, ALBERT J. 10171 S.W. 49th COURT COOPER CITY, FL 33328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer &amp; Secretary MARCHETTI, PATTI 1400 N.W. 100 WAY PLANTATION, FL-33322</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.01 and 190.02, Florida Statutes. I further certify that the information included 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 on the oath that I am an officer or director of the corporation as of the recording of this report and to execute this report as required by Chapter 190, Florida Statutes, and that my signature appears on this report in black ink and is accompanied by an affidavit.

SIGNATURE: **BRUCE MARCHETTI** *Bruce Marchetti* 4/28/95 (305) 573-8424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR