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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

	996		etary of State F CORPORATIONS		
DOCUM 1. Corporation N	ENT # F620	025 (4)			
•	DA BEARINGS, INC.				
Principal Place of	Business	Maling Address	787 71 87444		
3164 NORTH MIAMI AVENUE		3164 NORTH MIAN	II AVENUE		
DRAWER 690 MIAMI FL 331		DRAWER 690 MIAMI FL 33127-37	NO		
MINMI IL GO	2/4/10	MINME I L SOIZI'S	10	3. Date Incorporated or Qualified 02/01/1982	3a. Date of Last Report
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	05/01/1995 Applied For
26				59-2162983	Not Applicable
Suite, Apt #, i	etc.	Suite, Apl. #, etc.		5. Conficate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
- Ζφ 	Country	Zip	Country	8. This corporation has liability for	
4	25 9. Name and Address of Curr	[29] rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	
			81 Name		- John Control of the
DE LA C	RUZ, LUIS F. JR.		82 Street Add	Iress (P.O. Box Number is Not Acceptat	le)
	ILLA AVENUE				
SUITE 8			83		
CORAL	GABLES FL 33134		84 City		FL 85 Zip Code
familiar with, SIGNATURE Sig	and accept the obligations of, Si reliability of diploted team of equations	ection 607.0505, Florida Statute	98 र मेर्ग निकुल tered Apiral signal or regar		[W]e
12.	PVP	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	MARCHETTI, BRUCE		1.2 NAME		
STREET ADDRESS	1400 N W 100 WAY		13 STHEE! ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33322		1.4 CiTY - ST - ZIP		
TITLE	TS	DELETE	2 1 fiftE		Change Addition
NAME STREET ADDRESS	MARCHETTI, PATTI		22 NAME		
CITY-ST-ZIP	1400 N W 100 WAY PLANTATION FL 33322		2.3 STHEET ADDRESS 2.4 City+ST-ZIP		
TITLE	S	DELETE	3 1 THE	······································	Change Addition
NAME	MARCHETTI, PATTI		3.2 NAME		
STREET ADDRESS	1400 N.W. 100 WAY		3.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL	F Delete	3.4 C/TY - \$1 - Z/P		Chacas C Addiso
TITLE NAME		☐ DELETE	4 1 HILF 42 NAME		Change Addition
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY+ST ZIP		
TITLE		[] perete	S 1 Tiflef		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		· · · · ·	6 2 NAME		90
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY+ST ZIP		
certify that th	e information indical ed on this a	meust report or supplemental an	inual report is true and accur	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, Fig. 1	same legal effect as if made under

SIGNATURE:

ASTRONOMINATION AND CLUETTI SOCYTTOAS

NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTY SOCYTOCAS