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PROFIT **CORPORATION ANNUAL REPORT** 1998 DOCUMENT #

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

FLORIDA BEARINGS, INC.

FILED May 12 1998 8:00am Secretary of State



	e of Business	Mailing Address						
	I MIAMI AVENUE	3164 NORTH MIAMI	AVENUE					
DRAWER 690 MIAMI FL 33127-3718		DRAWER 690 MIAMI FL 33127-3718			DO NOT WRITE IN THIS SPACE			
MINNI FE 55	5127-5710	MIRMITE SSIEFSFIC		•	3. Date Incorporated or Qualified			
					02/01/1982			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-2162983	1_	No	t Applicable
Suite, Apt. #	#, e lc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	F7	\$8.75	Additional
22		27			5. Certificate of Status Desired	.	Fee Re	quired
City & State)	Cily & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Ζψ	Cour	lry	8. This corporation owes or has p	aid the curre		
24	25	29	30		Personal Property Tax due Jun			No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
DE	E LA CRUZ, LUIS F. JR.			B1 Name				
	I SEVILLA AVENUE		ł	B2 Street Add	dress (P.O. Box Number is Not Accepta	able)		-
SUITE 805				2		-,		
	ORAL GABLES FL 33134		Ī	B3				
•			}	B4 City			85 Zip	Code
				B4 City		FL	pa zip	Code
11. Pursuant t	to the provisions of Sections 607 050	12 and 607 1508, Florida Sta	lutes, the ab	ove-named co	rporation submits this statement for the	purpose of c	hanging it	s registered
office or re	ogistered agent, or both, in the State m familiar with, and accept the oblig	⊂of Florida. Such ch ange w a	s authorized	by the corpora	ation's board of directors. I hereby acce	ept the appoi	intment as	registered
agent. i ar	m tamiliar with, and accept the orlig	ations or, addition bor. coo.	Horioa Stati	ileo.				
SIGNATURE	Standard based or northed based of personnel and	con unit tie Carain able (N	OTF Registered		uired when reinstating)	DATE		
	Signature, typical or printed more of registered ago OFFICERS AN		OIF Registered		juired when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
12.	OFFICERS AN	D DIRECTORS		Agent signature req	juired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	
12. TITLE	OFFICERS AN	D DIRECTORS	13.	Agent signature req		ICERS AND I		
12. TITLE NAME	PVP MARCHETTI, BRUCE	D DIRECTORS	13. 1.1 Til 1.2 NA	Agent signature requ		ICERS AND I		
12. TITLE NAME STREET ADDRESS	PVP MARCHETTI, BRUCE 1400 N W 100 WAY	D DIRECTORS	13. 1.1 HI 1.2 NA 1.3 SI	Agent signature req E ME ME SEET ADDRESS		ICERS AND I		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PVP MARCHETTI, BRUCE 1400 N W 100 WAY PLANTATION FL 33322	D DIRECTORS DELETE	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CH	Agent signature req .E WE ME SEET ADDRESS Y-ST-ZIP		ICERS AND I		Addition
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