

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000005509 (3)**  
1. Corporation Name  
**CLUTCH COMPONENTS CORP**



Principal Place of Business: **9016 NW 105 WAY MEDLEY FL 33178**  
Mailing Address: **9016 NW 105 WAY MEDLEY FL 33178**

3. Date Incorporated or Qualified: **11/13/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **11-1678131**  
Applied For: \_\_\_\_\_  
Not Applicable: \_\_\_\_\_  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. \_\_\_\_\_  
Suite, Apt. #, etc.: \_\_\_\_\_  
22. City & State: \_\_\_\_\_  
23. Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
24. \_\_\_\_\_  
25. \_\_\_\_\_  
26. Mailing Address  
26. \_\_\_\_\_  
Suite, Apt. #, etc.: \_\_\_\_\_  
27. City & State: \_\_\_\_\_  
28. Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
29. \_\_\_\_\_  
30. \_\_\_\_\_

9. Name and Address of Current Registered Agent  
**FRIED, MARK E ESO  
1001 S. BAYSHORE DR., #2706  
MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_  
85. Zip Code: **FL** \_\_\_\_\_

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 the corporation: \_\_\_\_\_  
2007: Registered Agent signature required when re-registering: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b>	1.1 TITLE
NAME	<b>DIAZGRANADOS, VICTOR</b>	1.2 NAME
STREET ADDRESS	<b>9016 NW 105 WAY</b>	1.3 STREET ADDRESS
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	1.4 CITY - ST - ZIP
TITLE	<b>STD</b>	2.1 TITLE
NAME	<b>DIAZGRANADOS, SHARON</b>	2.2 NAME
STREET ADDRESS	<b>9016 NW 105 WAY</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	2.4 CITY - ST - ZIP
TITLE	<b>DC</b>	3.1 TITLE
NAME	<b>VAZQUEZ, CARLOS</b>	3.2 NAME
STREET ADDRESS	<b>9016 NW 105 WAY</b>	3.3 STREET ADDRESS
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	3.4 CITY - ST - ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b>	1.1 TITLE
NAME	<b>DIAZGRANADOS, VICTOR</b>	1.2 NAME
STREET ADDRESS	<b>9016 NW 105 WAY</b>	1.3 STREET ADDRESS
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	1.4 CITY - ST - ZIP
TITLE	<b>STD</b>	2.1 TITLE
NAME	<b>DIAZGRANADOS, SHARON</b>	2.2 NAME
STREET ADDRESS	<b>9016 NW 105 WAY</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	2.4 CITY - ST - ZIP
TITLE	<b>DC</b>	3.1 TITLE
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CITY - ST - ZIP	<b>MEDLEY FL 33178</b>	3.4 CITY - ST - ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

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 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, in or on the attachment with an address.

SIGNATURE: *Sharon Diazgranados* **SHARON DIAZGRANADOS** 4/29/96 (305) 885-3353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MO-YEAR

CRE034 (12/95)