

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 # **P95000015931 (5)**

1. Corporation Name
"A" SYSTEM HYDRAULICS, INC.



Principal Place of Business: 20550 NW 7 ST, PEMBROKE PINES FL 33029-3469
Mailing Address: 20550 NW 7 ST, PEMBROKE PINES FL 33029-3469

3. Date Incorporated or Qualified: **02/24/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 **7885 N.W. 56 ST**
22 Suite, Apt. #, etc.
23 City & State: **Miami, FL**
24 Zip: **33166-3523** 25 Country: **U.S.A.**
26 Mailing Address: **7885 N.W. 56 ST**
27 Suite, Apt. #, etc.
28 City & State: **Miami, FL**
29 Zip: **33166-3523** 30 Country: **USA**

4. FEI Number: **65-0566228**
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

9. Name and Address of Current Registered Agent: **WILLIAMS, JAMES P, 20550 NW 7 ST, PEMBROKE PINES FL 33029-3469**
10. Name and Address of New Registered Agent:
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *James P. Williams* - **James P. Williams, President** DATE: **4/15/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES P	
STREET ADDRESS	20550 NW 7 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029-3469	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President. (P)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Vice President. (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jose A. Valdes	
2.3 STREET ADDRESS	6100 N.W. Barcelona Dr.	
2.4 CITY-ST-ZIP	Virginia Gardens, FL. 33166	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *James P. Williams* - **James P. Williams** DATE: **4/15/96** Daytime Phone #: **305-477-424**

CR2E034 (12/95)