

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S94120** (0)

1. Corporation Name

U.S. AIRMOTIVE FORKLIFTS, INC.



Principal Place of Business: **7855 NW 77 AVENUE MIAMI FL 33166 US**
Mailing Address: **5439 NW 36TH ST. MIAMI FL 33166**

3. Date Incorporated or Qualified: **11/14/1991**
3a. Date of Last Report: **08/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: **65-0311616**
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

g. Name and Address of Current Registered Agent

**KRUSZEWSKI, ANTHONY E.
7500 S. W. 128TH STREET
MIAMI 33156**

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 607.1508, 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 of Director or Registered Agent and Title if applicable) (Title of Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D	KRUSZEWSKI, ANTHONY E.	1.1 TITLE: D/C/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KRUSZEWSKI, ANTHONY E.	5439 NW 36TH ST.	1.2 NAME: KRUSZEWSKI, ANTHONY E.
STREET ADDRESS: 5439 NW 36TH ST.	MIAMI FL	1.3 STREET ADDRESS: 5439 N.W. 36 ST
CITY-STATE-ZIP: MIAMI FL		1.4 CITY-STATE-ZIP: MIAMI, FL 33166
TITLE: D	KRUSZEWSKI, ROSE	2.1 TITLE: D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KRUSZEWSKI, ROSE	5439 NW 36TH ST.	2.2 NAME: KRUSZEWSKI, ROSE
STREET ADDRESS: 5439 NW 36TH ST.	MIAMI FL	2.3 STREET ADDRESS: 5439 NW 36 ST
CITY-STATE-ZIP: MIAMI FL		2.4 CITY-STATE-ZIP: MIAMI, FL 33166
TITLE: D	KRUSE, JOHN	3.1 TITLE: D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KRUSE, JOHN	5439 NW 36TH ST.	3.2 NAME: KRUSZEWSKI, JOHN
STREET ADDRESS: 5439 NW 36TH ST.	MIAMI FL	3.3 STREET ADDRESS: 5439 NW 36 ST
CITY-STATE-ZIP: MIAMI FL		3.4 CITY-STATE-ZIP: MIAMI, FL 33166
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: HENSLEY, DAVID L.
STREET ADDRESS:		4.3 STREET ADDRESS: 5439 NW 36 ST
CITY-STATE-ZIP:		4.4 CITY-STATE-ZIP: MIAMI, FL 33166
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-STATE-ZIP:		5.4 CITY-STATE-ZIP:
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-STATE-ZIP:		6.4 CITY-STATE-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JOHN E. KRUSZEWSKI** 1/2/96 305-885-4991

CR2E034 (3/96)