

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 251336

1. Corporation Name
AMPCO PRODUCTS, INC.

Principal Place of Business

11400 NW 36TH AVE
MIAMI FL 33167-907
US

Mailing Address

11400 NW 36TH AVE
MIAMI FL 33167-907
US

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90016 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1961

4. FEI Number

59-0936784

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

33167-2907

33167-2907

9. Name and Address of Current Registered Agent

KRIEGER, S.L.
11400 NW 36 AVE
MIAMI FL 33167-2907

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME KRIEGER, SL
STREET ADDRESS 7795 W 20 AVE
CITY-ST-ZIP HIALEAH FL

☐ DELETE

TITLE V
NAME INMAN, BYRON F.
STREET ADDRESS 201 RAILROAD AVE
CITY-ST-ZIP SANGER TX 76266-9562

☐ DELETE

TITLE V
NAME KRIEGER, E.H.
STREET ADDRESS 11400 NW 36TH AVE
CITY-ST-ZIP MIAMI FL 33167-2907

☐ DELETE

TITLE AS
NAME DAVIDSON, JOAN M
STREET ADDRESS 11400 NW 36TH AVE
CITY-ST-ZIP MIAMI FL 33167-2907

☐ DELETE

TITLE AVP
NAME HURTADO, CH
STREET ADDRESS 11400 NW 36TH AVE
CITY-ST-ZIP MIAMI FL 33167-2907

☐ DELETE

TITLE AVP
NAME KRIEGER, STEPHANIE
STREET ADDRESS 7795 W 20 AVE
CITY-ST-ZIP HIALEAH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11400 NW 36 Ave

Miami FL 33167-2907

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

Michael P O'Neill

4840 NW 128 St Rd

Opa Locka FL 33054

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V

Gustavo Ramirez

11400 NW 36 Ave

Miami FL 33167-2907

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

11400 NW 36 Ave

Miami FL 33167-2907

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 305/821-5700

CR2E034 (11/98)