

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Apr 23 1996 8:00 am

Secretary of State

DOCUMENT # 251336

(4)

1. Corporation Name:

AMPCO PRODUCTS, INC.



Principal Place of Business

7795 W. 20TH AVENUE
#4190
HIALEAH FL 33014

Mailing Address

P.O. BOX 4190
#4190
HIALEAH FL 33014-0190
US

2. Principal Place of Business

21
Suite, Apt., #, etc.
22 ~~delete~~ P.O. Box
City & State
23
Zip
24
Country
25
26 7795 W. 20 AVE
Suite, Apt., #, etc.
27
City & State
28 HIALEAH FL
Zip
29 33014
Country
30 USA

3. Date Incorporated or Qualified
09/18/1961

3a. Date of Last Report
03/21/1995

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KRIEGER, S.L.
7795 W. 20TH AVE.
HIALEAH FL 33014

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 of person in name of registered agent and the President

Signature of Registered Agent or authorized officer of corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
KRIEGER, SL
7795 W 20 AVE
HIALEAH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
INMAN, BYRON F.
7795 W 20 AVE.
HIALEAH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
KRIEGER, E.H.
7795 W. 20 AVE.
HIALEAH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
DAVIDSON, JOAN M
7795 W 20 AVE
HIALEAH FL
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
AVP
HURTADO, CH
7795 W 20 AVE
HIALEAH FL
Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
AVP
KRIEGER, STEPHANIE
7795 W 20 AVE
HIALEAH FL
Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 305/824-5700
Date of Filing
Filing Number

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