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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 251336 (4)

1. Corporation Name
AMPCO PRODUCTS, INC.

Principal Place of Business	Mailing Address
7795 W. 20TH AVENUE HIALEAH FL 33014 US	7795 W 20 AVENUE HIALEAH FL 33014 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1961

2. Principal Place of Business
21 11400 NW 36 Ave
Suite, Apt. #, etc.
22
City & State
23 Miami FL
Zip 24 33167-2907 Country 25 USA

2a. Mailing Address
26 11400 NW 36 Ave
Suite, Apt. #, etc.
27
City & State
28 Miami FL
Zip 29 33167-2907 Country 30 USA

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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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): 11400 NW 36 Ave
83
84 City: Miami FL 85 Zip Code: 331672907

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	KRIEGER, SL		1.2 NAME	O'Neill, MP	
STREET ADDRESS	7795 W 20 AVE		1.3 STREET ADDRESS	4840 NW 128 St Rd	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	Opa Locka FL	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	INMAN, BYRON F.		2.2 NAME		
STREET ADDRESS	7795 W 20 AVE.		2.3 STREET ADDRESS	201 Railroad Ave	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	Sanger TX 76266-9562	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KRIEGER, E.H.		3.2 NAME		
STREET ADDRESS	7795 W. 20 AVE.		3.3 STREET ADDRESS	11400 NW 36 Ave	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	Miami FL 33167-2907	
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DAVIDSON, JOAN M		4.2 NAME		
STREET ADDRESS	7795 W 20 AVE		4.3 STREET ADDRESS	11400 NW 36 Ave	
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	Miami FL 33167-2907	
TITLE	AVP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HURTADO, CH		5.2 NAME		
STREET ADDRESS	7795 W 20 AVE		5.3 STREET ADDRESS	11400 NW 36 Ave	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	Miami FL 33167-2907	
TITLE	AVP	☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	KRIEGER, STEPHANIE		6.2 NAME	Ramirez, Gustavo	
STREET ADDRESS	7795 W 20 AVE		6.3 STREET ADDRESS	11400 NW 36 Ave	
CITY-ST-ZIP	HIALEAH FL		6.4 CITY-ST-ZIP	Miami FL 331670-2907	

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.

SIGNATURE _____ 4/10/98 305/821-5200

CR2E034 (10/97)