

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **315667** (6)

1. Corporation Name
U.S. AIRMOTIVE HOLDINGS, INC.

Principal Place of Business Mailing Address
5439 N.W. 36TH STREET MIAMI SPRINGS FL 33168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/11/1967** 3a. Date of Last Report **07/13/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1173126	<input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
KRUSZEWSKI, ANTHONY E. 7500 S. W. 128TH STREET MIAMI 33158		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSZEWSKI, ANTHONY E	1.2 NAME	
STREET ADDRESS	5439 N.W. 36 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPGS. FL	1.4 CITY - ST - ZIP	
TITLE	SVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSZEWSKI, ROSE H	2.2 NAME	
STREET ADDRESS	5439 N.W. 36 ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPGS. FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALE, FRANK	3.2 NAME	
STREET ADDRESS	5439 NW 36 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORTUNK, FRANK	4.2 NAME	
STREET ADDRESS	5439 N.W. 36 ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPGS. FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSZEWSKI, JOHN	5.2 NAME	
STREET ADDRESS	5439 NW 36 ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information appearing on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 applicable, or on an attachment with an address.

SIGNATURE: John Kruszewski Date: 7/21/95 (System Name #) 305-885-4997