

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 # 315667 (6)

1. Corporation Name

U.S. AIRMOTIVE HOLDINGS, INC.



Principal Place of Business

Mailing Address

5439 N.W. 36TH STREET
MIAMI SPRINGS FL 33166

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MIAMI SPRINGS FL 33166

3. Date Incorporated or Qualified 04/11/1967
3a. Date of Last Report 08/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

4. FEI Number 59-1173126
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

10. Name and Address of New Registered Agent

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

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 registered agent (must be signed by the registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ DELETE

1.2 NAME KRUSZEWSKI, ANTHONY E.

1.3 STREET ADDRESS 5439 N.W. 36 ST.

1.4 CITY - ST - ZIP MIAMI SPGS. FL

2.1 TITLE SVD ☒ DELETE

2.2 NAME KRUSZEWSKI, ROSE H

2.3 STREET ADDRESS 5439 N.W. 36 ST.

2.4 CITY - ST - ZIP MIAMI SPGS. FL

3.1 TITLE V ☒ DELETE

3.2 NAME CALE, FRANK

3.3 STREET ADDRESS 5439 NW 36 STREET

3.4 CITY - ST - ZIP MIAMI SPRINGS FL

4.1 TITLE V ☒ DELETE

4.2 NAME BORTUNK, FRANK

4.3 STREET ADDRESS 5439 N.W. 36 ST.

4.4 CITY - ST - ZIP MIAMI SPGS. FL

5.1 TITLE T ☒ DELETE

5.2 NAME KRUSZEWSKI, JOHN

5.3 STREET ADDRESS 5439 NW 36 ST.

5.4 CITY - ST - ZIP MIAMI SPRINGS FL

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1.1 TITLE D/C/V ☒ Change ☐ Addition

1.2 NAME KRUSZEWSKI, ANTHONY E.

1.3 STREET ADDRESS 5439 NW 36 ST

1.4 CITY - ST - ZIP MIAMI, FL 33166

2.1 TITLE D/S/V ☒ Change ☐ Addition

2.2 NAME KRUSZEWSKI, ROSE

2.3 STREET ADDRESS 5439 NW 36 ST

2.4 CITY - ST - ZIP MIAMI, FL 33166

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE P/T ☒ Change ☐ Addition

5.2 NAME KRUSZEWSKI, JOHN E.

5.3 STREET ADDRESS 5439 NW 36 ST

5.4 CITY - ST - ZIP MIAMI, FL 33166

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. KRUSZEWSKI

7/9/96

305-885-4991

Excluded Phone #

CR2E034 (3/96)