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**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 486180 (3)

1. Corporation Name:
ANTILLES BEARINGS, INC.



Principal Place of Business: **7990 SOUTH WEST 88 STREET MIAMI FL 33156**
Mailing Address: **7990 SOUTH WEST 88 STREET MIAMI FL 33158-7457**

3. Date Incorporated or Qualified: **09/30/1975**
3a. Date of Last Report: **02/26/1996**

21. Principal Place of Business	26. Mailing Address	4. FEI Number: 59-1634437	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEON, ARTURO 7990 SW 88TH ST. MIAMI FL 33156-4457		81. Name: NO CHANGES	
		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: <input type="checkbox"/> DELETE	LEON, ARTURO	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LEON, ARTURO	7990 S W 88TH ST	1.2 NAME: NO CHANGES	
STREET ADDRESS: MIAMI, FL 00000		1.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP: MIAMI, FL 00000		1.4 CITY-ST-ZIP: NO CHANGES	
TITLE: <input type="checkbox"/> DELETE	VD SERRA, LIBERTAD	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: SERRA, LIBERTAD	43 ST 752 LAS LOMAS	2.2 NAME: NO CHANGES	
STREET ADDRESS: RIO PIEDRAS PR		2.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP: MIAMI, FL 00000		2.4 CITY-ST-ZIP: NO CHANGES	
TITLE: <input type="checkbox"/> DELETE	D BOSCH, JORGE J	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOSCH, JORGE J	101 S E SECOND AVE	3.2 NAME: NO CHANGES	
STREET ADDRESS: MIAMI, FL 00000		3.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP: MIAMI, FL 00000		3.4 CITY-ST-ZIP: NO CHANGES	
TITLE: <input type="checkbox"/> DELETE	V BOSCH, JOSE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOSCH, JOSE	101 SE 2ND AVE	4.2 NAME: NO CHANGES	
STREET ADDRESS: MIAMI, FL 00000		4.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP: MIAMI, FL 00000		4.4 CITY-ST-ZIP: NO CHANGES	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME: NO CHANGES	
STREET ADDRESS:		5.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: NO CHANGES	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME: NO CHANGES	
STREET ADDRESS:		6.3 STREET ADDRESS: NO CHANGES	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: NO CHANGES	

14. I do 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: *Libertad Serra* **Libertad Serra - Vice President** 1/23/97 (809)764-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)