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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 823749 (7)										
BLAIR	BEARINGS, INC.									
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		···								
Principal Place of Business Mailing Address						i ibaili ibila iidiba iiiil il		(6)(3/8)(9/8)) fill it Sibit Sii	BEI MIMIE IMME
12155 S.W. 114TH PLACE 12155 S.W. 114TH PLACE			Æ							
P. O. BOX 16 MIAMI FL 331		P. O. BOX 186 MIAMI FL 33176			DO NOT WRITE IN THIS SPACE					
MIAMI PL 331	170	WIMMI IL SSITO			3. Date Incorporated or Qualified					
						12/02/1969				
2. Principal P	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number			A	pplied For
21		26			36-2419271		F.:	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status De	sired			Additional	
22		27							equired	
City & State	е	City & State				6. Election Campaign Fin.		r-1		May Be
23 Zip	Country	Zip Country				B. This corporation owes		nid the au		to Fees
24	25	29	30	• •		Personal Property Tax				ilangible ☐ No
	9. Name and Address of Currer		1001			10. Name and Address of			T	
RI	AIR, BERNARD W.		8	1 N	lame					
9735 NE 52ND ST #421			8:	2 5	Street Addre	ess (P.O. Box Number is Not	Accepts	able)		
- · ·	AMI FL 33178				Al COL Addie	SSS (1 .C. DOX 14011)DOI 10 1401	- TOCOPIO			
			83	3						
			84	4 0	City				85 Zip	Code
								FL	. [
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was a	authorized t	ov th	amed corpo e corporatio	oration submits this statement on's board of directors. I here	for the	purpose of ept the app	changing i ointment as	its registered s registered
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statute	es.			,	-,		
SIGNATURE	Signature, typed or printed name of registered age	and and the Managhaphia (NO)	E: Begintered &	mant c	onet un son dec	d when reinstating)		DATE		
12.		D DIRECTORS	13.	OBILIT SI	ignature radures	ADDITIONS/CHANGES	O OFF		DIRECTO	RS IN 12
TITLE	DP	DELETE 1.1							Change	Addition
NAME	BLAIR, BERNARD W.	•		1.2 NAME						
STREET ADDRESS	12155 S.W. 114TH PLACE		1.3 STREE	ET ADE	DRESS					
CITY-ST-ZIP	MIAMI FL		1.4 C/TY-	- S1 - Z(P					
TITLE	VD	☐ DELETE	2.1 TITLE						Change	☐ Addition
NAME	B LAIR, LOUIS C.				-					
STREET ADDRESS	10.00		2.3 STREE	ET ADD	DRESS					
CfTY-ST-ZtP				- S7 - Z	IP				TT 05	1 A 4 (1) (
TITLE		☐ DELETE	3.1 TITLE						Change	Addition
NAME			3.2 NAME		.nroo					
STREET ADDRESS			3.3 STREE							
CITY-ST-ZIP		DELETE	3.4 CITY- 4.1 TITLE		P	<u> </u>			Change	Addition
NAME			4. 2 NAMI							
STREET ADDRESS			4.3 STREE		PRESS					
CITY-ST-ZIP			4.4 CiTY-							
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET ADD	RESS					
CITY-ST-ZIP			5.4 CITY-	ST-Zi	Р					
TITLE		DELETE	6.1 TITLE						☐ Change	Addition .
NAME			6.2 NAME							
ATRICE LABORES			0.0.01055		occo I					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CITY-ST-ZIP

LAURE C. RIAIR

1/21/98

305-232-3020

FILED

Jan 29 1998 8:00am

Secretary of State