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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:40

DOCUMENT # **F06495** **(8)**

1. Corporation Name
BRANDSTEDT CONTROLS CORP.

Principal Place of Business	Mailing Address
8994 N.W. 105 WAY 2730 S.W. 3RD AVENUE MIAMI FL 33178 US	8994 N.W. 105 WAY 2730 S.W. 3RD AVENUE MIAMI FL 33178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/24/1980**
3a. Date of Last Report: **02/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2070661** ☐ 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

CONDE, DULCE
8994 NW 105 WAY
MIAMI FL 33178

10. Name and Address of New Registered Agent

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: Dulce Conde — 1/13/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required where necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	FORSS, WICTOR	12 NAME	
STREET ADDRESS	8994 N.W. 105 WAY	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☒ Change ☐ Addition
NAME	WENNERSTROM, STIG	22 NAME	Wennerstrom, Stig
STREET ADDRESS	8994 N.W. 105 WAY	23 STREET ADDRESS	terminated 1/1/94
CITY-ST-ZIP	MEADLEY FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CONDE, DULCE	32 NAME	
STREET ADDRESS	8994 NW. 105 WAY	33 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, FRANK	42 NAME	
STREET ADDRESS	8994 NW 105 WAY	43 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

VFF 17937 1/13/95

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)(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: Dulce Conde — 1/13/95 — (305) 885-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

DULCE CONDE SECRETARY.

0194874 CP