FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 11/24/1980
3a. Date of Last Report: 02/24/1995
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

2. Principal Place of Business	2a. Mailing Address
21 8990 NW 105 Way	26 8990 NW 105 Way
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Medley Fl	28 City & State: Medley Fl 33178
24 Zip: 33178 — 25 Country: USA	29 Zip: 33178 — 30 Country: USA

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: CONDE, DULCE
82 Street Address (P.O. Box Number is Not Acceptable): 8990 NW 105 Way
83
84 City: Medley FL 85 Zip Code: 33178

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	CD ☑ Change ☐ Addition
NAME	FORSS, WICTOR		1.2 NAME	FORSS, WICTOR
STREET ADDRESS	8994 N.W. 105 WAY		1.3 STREET ADDRESS	8990 NW 105 Way
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Medley Fl 33178
TITLE	S	☐ DELETE	2.1 TITLE	S ☑ Change ☐ Addition
NAME	CONDE, DULCE		2.2 NAME	Conde Dulce
STREET ADDRESS	8994 NW. 105 WAY		2.3 STREET ADDRESS	8990 NW 105 way
CITY-ST-ZIP	MEDLEY FL		2.4 CITY-ST-ZIP	Medley Fl 33178
TITLE	P	☐ DELETE	3.1 TITLE	P ☑ Change ☐ Addition
NAME	VILLANUEVA, FRANK		3.2 NAME	Villanueva Frank
STREET ADDRESS	8994 NW 105 WAY		3.3 STREET ADDRESS	8990 NW 105 Way
CITY-ST-ZIP	MEDLEY FL		3.4 CITY-ST-ZIP	Medley Fl 33178
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS	vH19196		6.3 STREET ADDRESS	
CITY-ST-ZIP			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 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 CorpSec 1/15/96 (305) 885-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)