

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

2-6-96 B-794 NC

DOCUMENT # H46333

(1)

1. Corporation Name

TALTECH AUTOMOTIVE, INC.



Principal Place of Business

Mailing Address

C/O CHAIM TAL
2130 FILMORE STREET
HOLLYWOOD FL 33020

C/O CHAIM TAL
2130 FILMORE STREET
HOLLYWOOD FL 33020

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

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/11/1985

3a. Date of Last Report

06/28/1995

4. FEI Number

59-2497955

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

10. Name and Address of New Registered Agent

TAL, SAMUEL
2130 FILMORE STREET
HOLLYWOOD, FL 33020

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, typed or printed name of registered agent and title, if applicable

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P
NAME TAL, SAMUEL
STREET ADDRESS 1270 NW 99TH AVE
CITY- ST- ZIP PEMBROKE PINES FL

☐ DELETE

VP
NAME TAL, ORY
STREET ADDRESS 6371 PLYMOUTH LN
CITY- ST- ZIP DAVIE FL

☐ DELETE

VP
NAME GROSKY, PAZIT
STREET ADDRESS 6848 NW 26TH WAY
CITY- ST- ZIP FT LADUERDALE FL

☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Pazit Grosky VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

305 921-8000

Date

Daytime Phone #

CR2E034 (12/95)