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

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H64446 (8)

1. Corporate Name

MACLAREN TOOL, INC.

Principal Office Address

% JOHN K. MACLAREN
7730 S.W. 53RD PLACE
MIAMI FL 33143

Mailing Address

% JOHN K. MACLAREN
7730 S.W. 53RD PLACE
MIAMI FL 33143

FOR OFFICE USE ONLY

3. Date Incorporated/Qualified: 06/27/1985

3a. Date of Last Report: 04/26/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite/Apt. # — 22

Suite/Apt. # — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 59-2570654 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Estimated Earnings/Income Tax Fund Contribution [ ] — $5.00 May Be Added to Fees

8. Does corporation qualify, or elect to be treated under Subchapter S of the Internal Revenue Code? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MACLAREN, JOHN K.
7730 S.W. 53RD PLACE
MIAMI FL 33143

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 Section 607.0501, Florida Statutes, the undersigned corporation submits the 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, or by the officer authorized to do so by the board of directors, to be effective on the date filed with the Department of State, Tallahassee, Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: MACLAREN, JOHN K.
ADDRESS: 7730 S.W. 53RD PLACE
CITY: MIAMI FL

13. ADDITIONAL NAMES OF OFFICERS AND/OR DIRECTORS

TITLE
NAME
ADDRESS
CITY, ST, ZIP

[ ] Change [ ] Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered officers and directors, or the legal equivalent, or an attachment with the name of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: J MacLaren Pres JOHN MACLAREN 4-22-95 305 623 6372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0164540 CP