

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$725 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # K62768

(2)

95 AUG -4 AM 10:19

1. Corporation Name

ABRASIVE MACHINE GRINDING MANUFACTURING CORP.

Principal Place of Business

145-56 9TH AVENUE
WHITESTONE NY 11357

Mailing Address

145-56 9TH AVENUE
WHITESTONE NY 11357

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/02/1989

3a. Date of Last Report
01/31/1994

2. Principal Place of Business

21 C/O D.R. Falzetti

2a. Mailing Address

26 5205 WALNUT HILLS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 BRIGHTON, MI 48116

City & State

28

Zip

24 48116

Country

25 USA

Zip

29

Country

30

4. FEI Number
65-0128393

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOLIERI, STEVEN A.
ONE N. OCEAN BLVD., SUITE 12- Third Floor
BOCA RATON FL 33432

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

Signature, typed or printed name of registered agent (not for application)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1 SOLIERI, STEVEN A
145-56 9TH AVENUE
WHITESTONE NY 11357
D, S, T

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2 SOLIERI, MICHAEL
145-56 9TH AVENUE
WHITESTONE NY 11357
D, VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3 FALZETTI, DAVID R.
5205 WALNUT HILLS
BRIGHTON, MI. 48116
D, Pres.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

07/18/95

607-757-9268

CR2E034 (3/95)