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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # K62768

(2)

ABRASIVE MACHINE GRINDING MANUFACTURING CORP. Principal Place of Business Mailing Address C/O D R FALZETTI 5205 WALNUT HILLS 5205 WALNUT HILLS BRIGHTON MI 48116 US								
					3. Date Incorporated or Qualified 02/02/1989	3a. Date of 09/06/1		
أور	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0129393		Applied Fo	
Suite, Apt	# etc.	Suite, Apt. #, etc.		***************************************	5. Certificate of Status Desired	□ \$	8.75 Additiona Fee Required	
Cily & Stati 23	e	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Ζφ 2 4	Country 25	Zip	Count	ГУ	8. This corporation has liability for	~	under s. 199.032	
<u> </u>	9. Name and Address of Curren				10. Name and Address of New Re			
SOI	IERI, STEVEN A.		8	1 Name				
. ONE	N OCEAN BLVD			2 Street Add	idress (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33432		В	3			HP-1	
•			В	1	poration submits this statement for the lition's board of directors. I hereby acce	FL 8		
SIGNATURE 12. THE NAME	Signature, bysed or Philipping annual registered age OFFICERS AN D SOLIERI, STEVEN A		Registered A 13. 1.1 TITLE 1 2 NAME		red when reinstating) ADDITIONS/CHANGES TO OFFICE		RECTORS IN 12 Change	
STREET ANDRESS CONNIST- ZPI	145-56 9TH AVENUE WHITESTONE NY 11357		1.3 STRE 1.4 City	ET ADDRESS - ST-ZIP				
TILLE NAMY STREET ADDRESS	D Solieri, Michael 145-56 9th Avenue	DELETE	2 1 TITLE 2.2 NAMI 2.3 STRE	1			Change Add	
City - S1 - ZIP Tibuf	WHITESTONE NY 11357	☐ OELETE	2. 4 C(TY 3.1 TITLE	***************************************			Change Add	
NAME SIBLEL ADDRESS				ET ADDRESS		. •		
C (Y+S1+Z)P TITLE NAME STRUET ADDRESS		DELETE	3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE		441.44.44.44.44.44.44.44.44.44.44.44.44.		Change Add	
CiTx+ST-ZIP TITLE AAME)	DELETE	4.4 CITY 5.1 TITLE 5.2 NAMI	- S1 - ZIP		U	Change	
STEEF LADORESS C-Ly - S1 - ZIP		DELETE	5.3 STRE 5.4 CITY	E1 ADDRESS - ST - ZIP			Change Add	
TABLE NAME STREET ADDRESS CHY+ST-ZIP		□ neffif	6.1 TITLE 6.2 NAME 6.3 STREE	E Et address		L	онанде [] АФС	
14. I do herel informatic Lamian o	on indicated on this annual report or s	supplemental annual report is tru r the receiver or trustee empowe	for the exiet and action and to execute the executed the	emption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same leg- rt as required by Chapter 607, Florida	al effect as if m	ade under oath,	