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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994			FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
1. Corporation Name ASATI MANUFACTURING, INC.		DOCUMENT # L88623 (8)	

Mailing Address 7525 NW 37TH AVE MIAMI FL 33147	Principal Place of Business 7525 NW 37TH AVE MIAMI FL 33147
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below		3. Date Incorporated or Qualified 07/23/1990	3a. Date of Last Report 05/14/1993
2. Mailing Address 21	2a. Principal Place of Business 25	4. FEI Number 65-0209741	Applied For ☐ Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
23. City & State	28. City & State	7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ESCUDEO, EDUARDO 13230 SW 36TH LN MIAMI FL 33185		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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	ESCUDEO, EDUARDO	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	13230 SW 36TH LN	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	D	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	MILLAN, CESAR A.	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	13625 SW 73 TERR	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME		3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP		3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE		4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 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 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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. I have fulfilled all obligations concerning annual reports imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:  4-28-94 696-6772
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR