

**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 APR 27 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L89637** (7)  
1. Corporation Name  
**SES RIDE CONTROLS, INC.**

Principal Place of Business Mailing Address  
**15840 SW 84TH AVE. MIAMI FL 33157** **15840 SW 84TH AVE. MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **04/08/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>65-0215925</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Zip		Country		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>(ADDRESS CHANGE ONLY)</b> <b>VAN DER WALL, ROBERT J.</b> <b>6175 NW 153RD ST.</b> <b>SUITE #225</b> <b>MIAMI LAKES FL 33014</b>				<b>81 Name</b> <b>VAN DER WALL, ROBERT J.</b>			
<b>SUITE 4600</b> <b>131 UNION FINANCIAL CENTER</b> <b>200 S. BISCAYNE BLVD.</b> <b>MIAMI, FL 33131</b>				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>SUITE 4600, 131 UNION FINANCIAL CENTER, 200 S. BISCAYNE BLVD</b>			
				<b>83 City</b> <b>MIAMI</b> <b>FL</b> <b>85 Zip Code</b> <b>33131</b>			

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 of applicant) NOTE: Registered Agent signature required when reappointing. DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURG, DONALD E	1.2 NAME	
STREET ADDRESS	15840 SW 84TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETER, THOMAS H	2.2 NAME	
STREET ADDRESS	14500 SW 83RD CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGMAN, JAMES H	3.2 NAME	
STREET ADDRESS	415 A FRONT ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	KETCHIKAN AK	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKASUGI, JIM	4.2 NAME	
STREET ADDRESS	1310 NW 43RD AVE #102	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERHILL FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACOMBE, RAYMOND	5.2 NAME	
STREET ADDRESS	1500 NE 105TH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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 as a change, or on an attachment with an address.

SIGNATURE: Donald E. Burg 04/04/95 305/233-4306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone