

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M54099**

(0)

1. Corporation Name

PAZOS HYDRAULIC CORP.



Principal Place of Business

**3815 N.W. 35 AVE
MIAMI FL 33142**

Mailing Address

**3815 N.W. 35 AVE
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

**TARRADELL, EUSEBIO
4840 NW 184 TERR
MIAMI FL 33055**

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 607.0602 and 607.1304, 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0602, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
PAZOS, DOLORES
6474 PALM AVE
HIALEAH FL 33012**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP
3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP
4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP
6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing was accurately furnished and I do not qualify for the exemption stated in Section 119.07, 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, or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addres.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

Agent for Change

CR2E034 (12/95)