

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000001558 (6)

1. Corporation Name  
**M.E. - AMERICAS, INC.**



Principal Place of Business: **WELLS MANUFACTURING COMPANY, 2020 HYTROL DR., VERDI NV 89439, US**  
Mailing Address: **2 ERIK CIRCLE, 2020 HYTROL DR., VERDI NV 89439, US**

3. Date Incorporated or Qualified: **04/07/1993**  
3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business: **21 WELLS MFG. CO.**  
2a. Mailing Address: **26 2 ERIK CR.**  
22. Suite, Apt. #, etc.:  
23. City & State: **VERDI, NV.**  
28. City & State: **VERDI, NV.**  
24. Zip: **89439**, 25. Country: **USA**, 29. Zip: **89439**, 30. Country: **USA**

4. FEI Number: **59-3174265**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**CORPORATION INFORMATION SERVICES, INC., 1201 HAYS ST., TALLAHASSEE FL 32301**

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 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD SHULL, DAN</b> <input checked="" type="checkbox"/> DELETE	1 1 TITLE	<b>PD RON KAMINSKI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>901 PLEASANT VALLEY DR.</b>	1 2 NAME	<b>26900 MILES RD.</b>
STREET ADDRESS	<b>SPRINGBORO OH</b>	1 3 STREET ADDRESS	<b>CLEVELAND, OH. 44146</b>
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE	<b>V HUDSON, DEBBIE</b> <input checked="" type="checkbox"/> DELETE	2 1 TITLE	<b>VD ROSS WAGNER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1500 DANNER DR.</b>	2 2 NAME	<b>5171 HUDSON DR.</b>
STREET ADDRESS	<b>AURORA OH</b>	2 3 STREET ADDRESS	<b>HUDSON, OHIO 44236</b>
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	<b>SD STEVENS, DEBRA SUE</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>500 MCCARTHY BLVD.</b>	3 2 NAME	
STREET ADDRESS	<b>MILPITAS CA</b>	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	<b>TD RAYBURN, MICHAEL</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2 ERIK CIRCLE</b>	4 2 NAME	<b>&lt;SAME&gt;</b>
STREET ADDRESS	<b>VERDI NY</b>	4 3 STREET ADDRESS	<b>VERDI, NV. 89439</b>
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	<b>900001872379</b>
CITY-ST-ZIP		5 4 CITY-ST-ZIP	<b>-06/24/96--01015--032</b>
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	<b>***70.00</b>
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

6-21-96  
JP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Michael R. Rayburn** DATE: **APRIL 30, 1996** DAYTIME PHONE #: **702-345-0444**

CR2E037 (12/95)