## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300001558 (6)

M.E. - AMERICAS, INC.

				-{ I INTRINCT DER SOMEN BITTE ANDER OFFIT ABLE OFFIT SELET BION DY DE DY OFFIT FOR	
Principal Place of Business Mailing Address					
WELLS MANUFACTURING COMPANY 2 ERIK CIRCLE					
2020 HYTROL	- · ·	2020 HYTROL DR.			
VERDI NV 89439 US		verdi NV 89439 Us		3. Date Incorporated or Qualified	3a. Date of Last Report
00		•		04/07/1993	06/15/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 WELLS	s Mfg. Co.	26 2 ERIK CF	۷.	59-3174265	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	□ \$5.00 May Be
23 VERD	, NV.	28 VERDI, NV.		Trust Fund Contribution	Added to Fees
- Zipaa N	Country	Zipaaza	Country	8. This corporation has liability for in	
24 0 4	37 25 USA		o USA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes ☐ No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
			81 Name		
CORPORATION INFORMATION SERVICES, INC. 82 Street Addre				ess (P.O. Box Number is Not Acceptable	<del>=</del> )
1201 HAYS ST.					
TALLAHASSEE FL 32301			83		
			84 City		85 Zip Code
					FL   S   S   S   S   S   S   S   S   S
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above named corpor	ation submits this statement for the purp	ose of changing its registered office
or registere	red agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authorized l stion 617 0503. Florida Statutes.	by the corporation's boar	rd of directors. I hereby accept the appo	intment as registered agent. I am
	or, and accept the abligations or, occ	North Division of Trongs States			
SIGNATURE _	Signature, typed or printed name of registered ager	nt and little if applicable (NOTE f	Registered Agent signature required	d when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	PD	<b>▼</b> DELETE	1 1 TITLE	,	Change Addition
NAME	SHULL, DAN	•	12 NAME 24	m kaminski	
STREET ADDRESS	901 PLEASANT VALLEY DR.		13 STREET ADDRESS 24	500 MILES RD.	
CITY-ST-2IP	SPRINGBORO OH		1.4 CHTY - ST - ZIP	LEVELAND, OH. 441	46
TITLE	V	DELETE	21 TIFLE		Change Addition
NAME	HUDSON, DEBBIE		22 NAME	OGG LIALLIER	
STREET ADDRESS	1500 DANNER DR.			SITI HUPSON	DR.
1	AURORA OH		E 3 3 II EL I NOONESS		36
CITY-ST-ZIP TITLE	SD SD	LJOEFELE	31 TITLE	or void, other state	Change Addition
NAME	STEVENS, DEBRA SUE	Постей	32 NAME		
	500 MCCARTHY BLVD.				
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP	MILPITAS CA TD	DELETE	3 4 CITY-ST-ZIP		Change Addition
TITLE	_	LIBELETE	T I IIILE	SAME >	Anongo
NAME	RAYBURN, MICHAEL		4 2 NAME		
STREET ADDRESS	2 ERIK CIRCLE		4 3 STREET ADDRESS	GAME > ERDI, NV. 89439	
CITY-ST-ZIP	VEROL NY	Floriere	44 CITY - ST - ZIP	EKUI, NY. 87427	Change Addition
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS	90000187	72379
CITY-ST-ZIP			5 4 CITY - ST - ZIP	90000187 -06/24/96010 ***70.00	15032
TITLE		☐ DELETE	6 1 TITLE	***70.00	Change ) Pagethon
NAME			6 2 NAME	· • · - ·	
STREET ADDRESS			6 3 STREET ADDRESS		10 Ym
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14 Ldo borok	by certify that the information supplied	d with this filing is voluntarily furnish	ed and does not qualify t	for the exemption stated in Section 119.	07(3)(k), Florida Matutes. I further
certify that oath; that	at the information indicated on this and the lam an officer or director of the corp.	nual report or supplemental agrical polyation of the receiver or trustee e	report is true and accura minowered to execute th	ate and that my signature shall have the is report as required by Chapter 617, Fk	same legal effect as it made under orida Statutes; and that my name

**SIGNATURE:** 

appears in Block 12 or Block 13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

APRIL 30, 1996
Date Day

702-345-0444

Daytime Phone #

CR2E037 (12/95)