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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 VERDI NV 89439 US
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3. Date Incorporated or Qualified 04/07/1993	3a. Date of Last Report 06/21/1996
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2. Principal Place of Business 21 ZETA ENGINEERING	2a. Mailing Address 26 13330 W. OAK CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22 LOCKPORT, IL	City & State 27 LOCKPORT, IL
Zip 23 60441	Country 24 USA
Country 25 USA	Country 28 USA

4. FEI Number 59-3174265	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMINSKI, RON	1.2 NAME	
STREET ADDRESS	26300 MILES RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44146	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, WAGNER	2.2 NAME	
STREET ADDRESS	5171 HUDSON DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON OH 44238	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, DEBRA SUE	3.2 NAME	SECRETARY
STREET ADDRESS	500 MCCARTHY BLVD.	3.3 STREET ADDRESS	DANIEL TORRO
CITY-ST-ZIP	MILPITAS CA	3.4 CITY-ST-ZIP	600 HOPMEADOW ST
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYBURN, MICHAEL	4.2 NAME	ROBERT B. BAJESKI
STREET ADDRESS	2 ERIK CIRCLE	4.3 STREET ADDRESS	13330 W. OAK CT
CITY-ST-ZIP	VERDI NV 89439	4.4 CITY-ST-ZIP	LOOKPORT, IL 60441-5974
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 a 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, or on an attachment with an address.

SIGNATURE: **ROBERT BAJESKI** **5-8-97** **708-301-3766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0080082

CR2E037 (9/96)