SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:12

DOCUMENT # **P22991** **(4)**

1. Corporation Name

PERKINS ENGINES (LATIN AMERICA) INC.

Principal Place of Business	Mailing Address
~~SUITE 000~~ 999 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3000	SUITE 000 999 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3000

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/14/1989	3a. Date of Last Report: 05/01/1994
21	26	4. FEI Number: 59-1659470	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22: Suite 710	Suite, Apt. #, etc. 27: Suite 710	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE	President	X Change ☐ Addition
NAME	LUDOW, E.D.	1.2 NAME	Arnold, N.	
STREET ADDRESS	3908 TON AWANDA DR	1.3 STREET ADDRESS	672 Delaware Ave.	
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	Buffalo, New York 14209	
TITLE	ASD	2.1 TITLE	Treasurer	X Change ☐ Addition
NAME	DEVINE, E.L.	2.2 NAME	Chapman, F.	
STREET ADDRESS	343-43RD ST.	2.3 STREET ADDRESS	672 Delaware Ave.	
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	Buffalo, New York 14209	
TITLE	AS	3.1 TITLE	Secretary	X Change ☐ Addition
NAME	TURNER-SAMUELS, M.	3.2 NAME	Walker, K.	
STREET ADDRESS	595 BAY ST.	3.3 STREET ADDRESS	672 Delaware Ave.	
CITY-ST-ZIP	TORONTO, ONTARIO	3.4 CITY-ST-ZIP	Buffalo, New York 14209	
TITLE	T	4.1 TITLE	Assistant Treasurer	X Change ☐ Addition
NAME	BARKER, R.	4.2 NAME	Pollock, H.	
STREET ADDRESS	1440-20TH ST, #10	4.3 STREET ADDRESS	672 Delaware Ave.	
CITY-ST-ZIP	WEST-DES MOINES IA	4.4 CITY-ST-ZIP	Buffalo, N.Y. 14209	
TITLE	PD	5.1 TITLE	Vice-President	X Change ☐ Addition
NAME	BAKER, P.W.	5.2 NAME	Arnott, A.	
STREET ADDRESS	EASTFIELD, PETERBOROUGH	5.3 STREET ADDRESS	Frank Perkins Way, Eastfield	
CITY-ST-ZIP	PE1 6NA, ENGLAND	5.4 CITY-ST-ZIP	Peterborough, PE1 5Na, England	
TITLE	RM	6.1 TITLE	Vice-President	☐ Change ☐ Addition
NAME	SPITZBARTH, JOHN A.	6.2 NAME	Spitzbarth, J.	
STREET ADDRESS	999 PONCE LEON BLVD.	6.3 STREET ADDRESS	999 Ponce de Leon Blvd. #710	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	Coral Gables, Florida 33134	

CR2E034 (3/95)

14. I do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemption specified in Subsection 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 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 if changed, or on an attachment with an address.

SIGNATURE: John A. Spitzbarth June 14 1995 305-442-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041997 CP