

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P22991 (4)
1. Corporation Name
PERKINS ENGINES (LATIN AMERICA) INC.



Principal Place of Business
999 PONCE DE LEON BLVD
SUITE 710
CORAL GABLES FL 33134-3000
US

Mailing Address
999 PONCE DE LEON BLVD.
SUITE 710
CORAL GABLES FL 33134-3000
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1659470	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				10. Name and Address of New Registered Agent	
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City				85 Zip Code FL

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

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	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, N			1.2 NAME			
STREET ADDRESS	672 DELAWARE AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			1.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHAPMAN, F			2.2 NAME			
STREET ADDRESS	672 DELAWARE AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			2.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, K			3.2 NAME			
STREET ADDRESS	672 DELAWARE AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			3.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLOCK, H			4.2 NAME			
STREET ADDRESS	672 DELAWARE AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	BUFFALO NY			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOTT, A			5.2 NAME			
STREET ADDRESS	FRANK PERKINS WAY, EASTFIELD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PETERBOROUGH PE			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPITZBARTH, JOHN A.			6.2 NAME			
STREET ADDRESS	999 PONCE DE LEON BLVD., #710			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			6.4 CITY-ST-ZIP			

14. I 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 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

4/10/98 205-441-7413

CR2E034 (10/97)