


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

FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P36993 (4)</b> 1. Corporation Name <b>ASTEC AMERICA INC.</b>		



Principal Place of Business 6339 PASEO DEL LAGO CARLSBAO CA 92009 US	Mailing Address 6339 PASEO DEL LAGO CARLSBAO CA 92009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/31/1991	
4. FEI Number 36-2930831		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 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 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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, DAVID	1.2 NAME	HOWARD LANCE
STREET ADDRESS	38TH FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD	1.3 STREET ADDRESS	38TH FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD
CITY-ST-ZIP	WANCHAI HO	1.4 CITY-ST-ZIP	WANCHAI, HONG KONG
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SMITH, MICHAEL D.	2.2 NAME	
STREET ADDRESS	8/F SSS MAKATI, BLDG 6 AYALA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAKATI CITY ME	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	GELDMACHER, JAY L.	3.2 NAME	
STREET ADDRESS	6339 PASEO DEL LAGO	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARLSBAD CA	3.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BREWER, OHN	4.2 NAME	
STREET ADDRESS	38TH FLOOR, CENTRAL PLAZA, 18 HARBOUR ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WANCHAI HO	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*J. L. Geldmacher* J. L. GELDMACHER

Jan 12, 1998

760 930-4772

CR2E034 (10/97)