

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 8:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000019648 (3)

1. Corporation Name
CRS REMANUFACTURING CO. OF FLORIDA, INC.

Principal Place of Business Mailing Address
C/O UNITED CORPORATE SERVICES, INC. 148-23 94TH ST. JAMAICA NY 11435 US
801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/16/1993** 3a. Date of Last Report **07/25/1994**

2. Principal Place of Business 2a. Mailing Address
 21 **4115 Northwest 132nd St** 26
 Suite Apt # etc. Suite Apt # etc.
 22 **Bay - E** 27
 City & State City & State
 23 **Opalocka FL** 28
 Zip Country
 24 **33054** 25 **USA** 29 30

4. FEI Number **65-0404760** Applied for Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
 7. This corporation has failed to reorganize the books & records of Florida Statutes Yes No

8. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Accepted)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ TITLE _____

12. OFFICERS AND DIRECTORS

12.1	D ANGIRA, PRATAB 11540 NW 31ST PLACE SUNRISE FL 33323
12.2	
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	

13. AGENTS AND MANAGERS TO OFFICERS AND DIRECTORS ONLY

13.1		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.2		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.3		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.4		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.5		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.6		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.7		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.8		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.9		<input type="checkbox"/> Change <input type="checkbox"/> Active
13.10		<input type="checkbox"/> Change <input type="checkbox"/> Active

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in law (see 110.017(1)(b), Florida Statutes). I further certify that the information indicated on this form is true and correct to the best of my knowledge and belief, and that my signature and the name of the corporation are true and correct to the best of my knowledge and belief. I am an officer or director of the Corporation as of the date of filing of this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of this report as an attachment with an address.

SIGNATURE: *X Pratab Angira*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/95
 30516864335

CR2E034 (3/95)