FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JAN 25 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022612 (4)

1. Corporation Name
IOCHPE MAXION U.S.A., INC.

Principal Place of Business	Mailing Address
ONE DATRAN CENTER 9100 SOUTH DADELAND BLVD., STE. 1409 MIAMI FL 33156	ONE DATRAN CENTER 9100 SOUTH DADELAND BLVD., STE. 1409 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1993
3a. Date of Last Report: 05/09/1994

2. Principal Place of Business
21: 9100 S.Dadeland Blvd.#1101
22 Suite, Apt. #, etc.: Suite 1101
23 City & State: Miami, FL
24 Zip: 33156
25 Country: USA

2a. Mailing Address
26: 9100 S.Dadeland Blvd.
27 Suite, Apt. #, etc.: Suite 1101
28 City & State: Miami, FL
29 Zip: 33156
30 Country: USA

4. FEI Number: 63-0760171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHULTZ, DORIVAL R
9100 SOUTH DADELAND BLVD.
SUITE 1409
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Dorival R. Schultz
82 Street Address (P.O. Box Number is Not Acceptable): 9100 S. Dadeland Blvd.
83: Suite 1101
84 City: Miami FL 85 Zip Code: 33156

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: -- N/A --- --- N/A ---
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	PSD	1.1 TITLE	PSD ☐ Change ☐ Addition
NAME	SCHULTZ, DORIVAL R	1.2 NAME	Dorival R. Schultz
STREET ADDRESS	9100 SOUTH DADELAND BLVD., #1409	1.3 STREET ADDRESS	9100 S. Dadeland Blvd. SUite 1101
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VTD	2.1 TITLE	TD ☐ Change ☐ Addition
NAME	KAMMER, MURILO	2.2 NAME	Fernando Griebeler
STREET ADDRESS	9100 SOUTH DADELAND BLVD., #1409	2.3 STREET ADDRESS	9100 S. Dadeland Blvd. Suite 1101
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	IOCHPE, IVONCY BROCHMAN	3.2 NAME	Dino R. Meneghetti
STREET ADDRESS	9100 SOUTH DADELAND BLVD., #1409	3.3 STREET ADDRESS	9100 S. Dadeland Blvd. Suite 1101
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	D	4.1 TITLE	D ☐ Change ☐ Addition
NAME	KNIJNIK, MAURO	4.2 NAME	Murilo B. Kammer
STREET ADDRESS	9100 SOUTH DADELAND BLVD., #1409	4.3 STREET ADDRESS	9100 S. Dadeland Blvd. Suite 1101
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	Miami, FL 33156
TITLE		5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	Waldey Sanchez
STREET ADDRESS		5.3 STREET ADDRESS	9100 S. Dadeland BLvd. Suite 1101
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33156
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 added.

SIGNATURE: [signature] 1/17/95 305 6708030
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

DORIVAL SCHULTZ

0188703 CP