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 APR 27 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000065995 (1)**

1. Corporation Name

AFE HYDRO COMPONENTS, INC.

Principal Place of Business	Mailing Address
8370 NORTHWEST 56TH STREET MIAMI FL 33166	8370 NORTHWEST 56TH STREET MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/22/1993	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 8285 NW 56 ST	26 ~~SAME~~ 8285 NW 56 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33166 Country 25 USA	Zip 29 33166 Country 30 USA

4. FEI Number: 65-0450343 — ☐ 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	10. Name and Address of New Registered Agent
GOMEZ DE CORDOVA, MARTA A 8370 NORTHWEST 56TH STREET MIAMI FL 33166	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	D	11 TITLE	☐ Change ☐ Addition
NAME	GOMEZ DE CORDOVA, MARTA A	12 NAME	
STREET ADDRESS	8370 N.W. 56TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DONADO, JACQUELINE	22 NAME	
STREET ADDRESS	8370 N.W. 56TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MARRUJO, EDUARDO	32 NAME	
STREET ADDRESS	8370 N.W. 56TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BASTE, JORGE T	42 NAME	DELETE MR. BASTE
STREET ADDRESS	8370 N.W. 56TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 on an attachment with an address.

SIGNATURE: Marta Gomez de Cordova 4-20-95 (305) 697-1566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181093 CP