

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

MAY 11 1995 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018992 (5)

1. Corporation Name

WARREN TEED HYDRAULICS, INC.

Principal Place of Business

5634 CRISSMAN DR. N.  
ST. PETERSBURG FL 33714

Mailing Address

5634 CRISSMAN DR. N.  
ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

4. FET Number

Applied For

☒ Not Applicable

22. Suite, Apt. #, etc.

22

27. Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23. City & State

23

28. City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24. Country

24

25. Country

25

29. Country

29

30. Country

30

8. This corporation has liability for intangible tax under S. 194.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, WILLIAM B  
5634 CRISSMAN DR. N.  
ST. PETERSBURG FL 33714

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 607.09(2) 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 607.09(2), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Designated Agent)

(Signature of New Registered Agent or Designated Agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS

|                    |                         |
|--------------------|-------------------------|
| 1. NAME            | D                       |
| 2. STREET ADDRESS  | WARREN, WILLIAM B       |
| 3. CITY & STATE    | 5634 CRISSMAN DR. N.    |
|                    | ST. PETERSBURG FL 33714 |
| 4. NAME            |                         |
| 5. STREET ADDRESS  |                         |
| 6. CITY & STATE    |                         |
| 7. NAME            |                         |
| 8. STREET ADDRESS  |                         |
| 9. CITY & STATE    |                         |
| 10. NAME           |                         |
| 11. STREET ADDRESS |                         |
| 12. CITY & STATE   |                         |
| 13. NAME           |                         |
| 14. STREET ADDRESS |                         |
| 15. CITY & STATE   |                         |
| 16. NAME           |                         |
| 17. STREET ADDRESS |                         |
| 18. CITY & STATE   |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY & STATE    |                                                                   |
| 5. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY & STATE    |                                                                   |
| 9. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY & STATE   |                                                                   |
| 13. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY & STATE   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(a), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation 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 of this report, or on an attachment with an address.

SIGNATURE:

William B. Warren  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95

813-528-8077

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CORPORATION,  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Tallahassee, Florida 32399-0001

RECEIVED  
MAR 15 1996

DOCUMENT # P94000019071 (7)

MEMORY HOUSE, INC.

RECEIVED  
MAR 15 1996

RECEIVED  
MAR 15 1996

7311 N.W. 12TH ST.  
#15  
MIAMI FL 33126

7311 N.W. 12TH ST  
#15  
MIAMI FL 33126

3. If the corporation is a foreign corporation, the date of incorporation.

03/11/1994

4. Filing Number 65-0479884

5. Estimated State Dues \$8.75 Additional Fee Required

6. Estimated Campaign Contribution \$5.00 May Be Added to Fees

7. The corporation has liability for integration tax under 215.0001, Florida Statutes. ☒ Yes ☐ No

|                     |                     |
|---------------------|---------------------|
| 2. Principal Office | 26. Mailing Address |
| 21. 7311 NW 12th St | 26. 7311 NW 12th St |
| 22. Ste 15          | 27. 7311 NW 12th St |
| 23. Miami, FL       | 28. 7311 NW 12th St |
| 24. 33126           | 29. 7311 NW 12th St |
| 25. Trade           | 30. 7311 NW 12th St |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D. GUSMAO I NACIO  
7311 N.W. 12TH ST.  
#15  
MIAMI FL 33126

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL           |
| 83. City                                               |              |
| 84. State                                              |              |

11. I, the undersigned, do hereby certify that I am a resident of the State of Florida and I am the duly authorized representative of the corporation named in this statement for the purpose of changing its registered office to the address indicated in this statement. I am authorized by the Board of Directors of the corporation to execute this statement and to file it with the Department of State.

SIGNATURE

Signature of the person filing this statement

Signature of the person filing this statement

Date

|                                                                                   |                                                                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                        | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                                   |
| D<br>GUSMAO, INACIO J<br>11621 NW 24TH ST.<br>PLANTATION FL 33323<br>(void)       | DIRECTOR<br>Jaqueline O. DaSilva<br>9511 NW 12 STREET APT. 502<br>MIAMI - FL 33172 |
| D<br>GUSMAO, RITA DE C<br>12670 NW 14TH PLACE<br>SUNRISE FL 33323<br>(void)       |                                                                                    |
| D<br>DA SILVA, JAQUILINDA O<br>9591 FONTAINEBLEAU APT. 321<br>MIAMI FL 33172      |                                                                                    |
| D<br>DA SILVA, BRUNO F<br>9591 FONTAINEBLEAU APT. 321<br>MIAMI FL 33172<br>(void) |                                                                                    |

14. I, the undersigned, do hereby certify that the information supplied with this filing is completely truthful and does not contain any false or misleading information. I am authorized by the Board of Directors of the corporation to execute this statement and to file it with the Department of State.

SIGNATURE:

*Jaqueline O. DaSilva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

05/08/96 (305) 470 9966