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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000043492 (3)

N. A. INDUSTRIAL FRICTION TRADE, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address				
10008 N.W. 53RD STREET Sunrise Fl 33351			10008 N.W. 53RD STREET SUNRISE FL 33351				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 05/22/1996
2. Principal Pla	ace of Business	2a, Mail	2a. Mailing Address				4. FEI Number Applied For
21		26					65-0671470 Not Applicable
Suite, Apt. 4	#, etc.	Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27					Fee Required
City & State)	F	City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution
Zip	Country	<u>-</u> ₁	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curren	29 t Registered	I Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DCC			- Agoil		81	Name	IU. Hallo alla radioca di Noli riogiacio a rigoni
	KEIRA, WILLIAM J 08 N.W. 53RD STREET						
	VRISE FL 33351					Street Ad	ddress (P.O. Box Number is Not Acceptable)
30r	AUIOE LE 22221		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, employ to the Styfe 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, it accepts the appointment of segment and the Laple able. SIGNATURE SIGNATURE OPATE (NOIE: Registered Agent signature required when reinstating)							
12.	OFFICERS AN			13.	ı Ağu	in signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TI	ſĿ€		☐ Change ☐ Addition	
NAME	PE REIRA, WILLIAM J	•		1.2 N/	ME		
STREET ADDRESS	4000 MIN FORD OY		1.3 \$1	REE 1	ADDRESS		
CITY-ST-ZIP	NAMEDIAN DI ARAGA		1.4 CI				
TITLE	SD		DELETE	2.1 111LE			☐ Change ☐ Addition
NAME	Cartin, Gìqvanni			2.2 N/	ME		
STREET ADDRESS	10008 N.W. 53RD ST.			2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33351			2.40	ITY-S	ST - ZIP	
TITLE			DELETE	DELETE 3.1 TH			☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP				3.4. CITY - \$1 - ZIP		11-ZIP	
TITLE	DELÉTE		4.1 TI	4.1 TITLE		☐ Change ☐ Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			4.4 C(TY - ST - Z(P		T-ZIP		
TITLE			5.1 Ti	5.1 TITLE		Change Addition	
NAME				5 2 N/	ME		
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP				5.4 CI		1 - ZIP	
TITLE			☐ DELET€	6.1 TI			Change Addition
NAME				6.2 N/	ME		
STREET ADDRESS				6.3 \$1	REE1	ADDRESS	
CITY-ST-ZIP				6.4 CI	TY-S	T-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 13 if changed, or on an attrictural popular agrees.

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