

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90047 039 ***150.00

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DOCUMENT # P96000043492

1. Corporation Name

N. A. INDUSTRIAL FRICTION TRADE, INC.

Principal Place of Business

10008 N.W. 53RD STREET
SUNRISE FL 33351

Mailing Address

10008 N.W. 53RD STREET
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1996

4. FEI Number

65-0671470

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 11475 N.W. 49th DR.

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS - FL

Zip

24 33076

Country

25 USA

2a. Mailing Address

26 11475 N.W. 49th DR.

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS - FL

Zip

29 33076

Country

30

9. Name and Address of Current Registered Agent

PEREIRA, WILLIAM J
10008 N.W. 53RD STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11475 N.W. 49th DR.

83

84 City CORAL SPRINGS FL

FL

85 Zip Code 33076

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME PEREIRA, WILLIAM J
STREET ADDRESS 10008 N.W. 53RD ST.
CITY-ST-ZIP SUNRISE FL 33351

TITLE SD ☐ DELETE
NAME CARTIN, GIOVANNI
STREET ADDRESS 10008 N.W. 53RD ST.
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11475 N.W. 49th DR
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33076

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11475 N.W. 49th DR.
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33076

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARTIN

4/7/99

954 757 3037

Date

Daytime Phone #

CR2E034 (11/98)