

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

FILED  
Apr 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S32101** (5)  
1. Corporation Name  
**AMERICAN COMPONENTS CORP.**

Principal Place of Business <b>AMERICAN CONNECTOR CORP., AMERICAN CONNECTOR CORP. 8095 NW 64th Street Miami, Florida 33166</b>	Mailing Address <b>P.O. BOX 5397 HIALEAH FL 33014 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 AMERICAN CONNECTOR CORP. AMERICAN CONNECTOR CORP. 65-0245769</b> Suite, Apt. #, etc.		2a. Mailing Address <b>27 P.O. BOX 5397</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/15/1991</b>	
<b>22 8095 N.W. 64 Street</b> City & State		<b>27 P.O. BOX 5397</b> City & State		4. FEI Number <b>65-0245769</b>	
<b>23 Miami, Fla. 33166</b> Zip		<b>28 HIALEAH, FLA. 33014</b> Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>25 USA</b> Country		<b>30 USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, ANDREW  
1501 SW LEJUNE ROAD  
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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	PD WESTBERRY, MARGIE STREET ADDRESS <del>7800 W. 25 COURT</del> 8095 NW 64 Street CITY-ST-ZIP <del>HIALEAH FL</del> Miami, FL 33166	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST WESTBERRY, MARGIE STREET ADDRESS <del>7800 W. 25TH COURT</del> 8095 N.W. 64 St. CITY-ST-ZIP <del>HIALEAH FL</del> Miami, FL 33166	1.2 NAME	
TITLE		1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
TITLE		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.2 NAME	
TITLE		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
TITLE		6.3 STREET ADDRESS	
TITLE		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.

SIGNATURE:

*Margie Westberry*

4/1/98 305 591 7530

CR2E034 (10/97)