## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

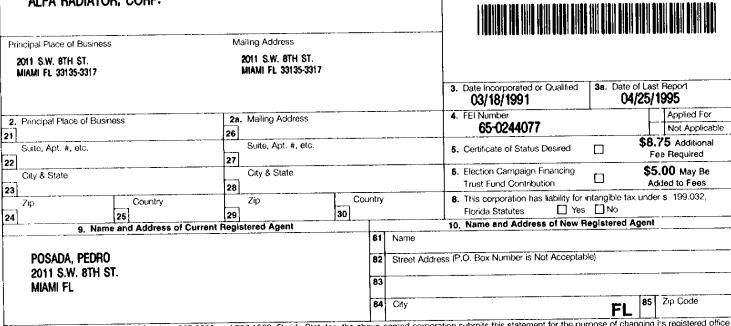
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S39453

(3)

ALFA RADIATOR, CORP.



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.

familiar with, and accept the obligations of, Section 607.0505, Fibrilia Statisties.					
SIGNATURE _	ignature, typed or printed name of registered agent and title if	apolicable (	NOTE: Registered Agent signature required w	rhen reinstating) DATE	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D	☐ DELETE	1. 1 TITLE	☐ Change	Addition
NAME	POSADA, PEDRO		1.2 NAME		
STREET ADDRESS	2011 S.W. 8TH ST		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2 1 TITLE	☐ Change	■ Addition
NAME:	MOORE, PILAR		2 2 NAME		
STREET ADDRESS	2011 S.W. 8TH ST.		2.3 STREET ADDRESS		
CHY-ST-ZIP	MIAMI FL		2 4 CITY - ST - ZIP		
TIFLE		☐ DELETE	3. 1 TITLE	Change	☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-SI-7/P			3.4 CITY - ST-ZIP		
TITLE		DELETE	4. 1 TITLE	Char ge	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZiP			4.4 CITY - ST- ZIP		
TITLE		DELETE	5 1 TITLE	Change	Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TILF		DELETE	6. 1 TITLE	☐ Cnange	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			64 CITY-ST-ZIP		
CITY-ST-ZIP	y cortify that the information supplied with the	s filino is voluntarily	furnished and does not qualify fo	r the exemption stated in Section 119.07(3)(k), Florida Stat	utes. I further

4. 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)(k), 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 trained; or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4,18,96/32-6433243

CR2E034 (12/95)