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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$95647

(1)

PERFECTION CARBURETOR, INC.

FILED May 21 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address					L INDIAND IN 1940 TAXE BIRL BIRL BIRL BIRL BIRL BIRL BIRL BIRL		
					Date Incorporated or Qualified 11/19/1991	3a. Date of L 03/19/19	ast Report 96
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
<u> </u>		26			65-0295992		Not Applicable
2]	Suite, Apt. #, etc. Suite, Apt. #, etc 27		·				75 Additional e Required
City & State	0	28	City & State		Election Campaign Financing Trust Fund Contribution Added to Fees		
- Ζφ - * Π	Country	Zip	Coun	try	8. This corporation has liability for		der s. 199.032,
<u> </u>	25 9. Name and Address of Currer	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	······································
CUS	SIDOR, RIGOBERTO	it registroid right		1 Name	10, 144110 214 11401020 41 1141111		
	0 NW 78 ST		<u> </u>	32 Street Add	dress (P.O. Box Number is Not Acceptal	alol	
MIAI	MI FL 33147		[SI SI BBI AU	oress (F.O. Box Number is Not Acceptat	JI E)	
				33			
			•	City		FL B5	Zip Code
SIGNATURE	Superfice typical or printed name of registered ago OFFICERS AN	ent and title if applicable. (NC D DIRECTORS	OTE: Registered	Ageni signature req	ulrad when reinstalling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIREC	OTORS IN 12
TITLE	PD	DELETE	1.1 TITE	E [Cha	·····
NAME.	CUSIDOR, RIGOBERTO		1.2 NAM	4E			
STREET ADDRESS	2400 NW 78 ST		1.3 STR	EET ADDRESS			
CHY-ST-ZIP	MIAMI FL VD	DELETE	1.4 CIT 2.1 TITL	(-ST-ZIP		Cha	nge Addition
TITLE NAME	CUSIDOR, RAISA	בין טנגנונ	2.1 1110 2.2 NAA	1		Onk	inite C Modulor
STREET ADDRESS	2400 NW 78 ST			EET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST-ZIP	<u> </u>		
117LF	T CHAIRAN EDANIONA	DELETE	3.1 TITE	E	·	☐ Ch	inge 🔲 Addition
NAME	CUSIDOR, FRANCISCO J 2400 NW 78 ST		3.2 NA)				
STREET ADDRESS (DHY-\$1-7:P	MIAMI FL		1	EET ADDRESS			
1014-20-73		DELETE	4.1 TITI	Y-ST-ZIP		☐ Cha	ange Addition
NAME		*.	4.2 NA	ME			
STHEET ADDRESS			43 STR	eet address			
DTY-ST-ZiP				r-st-zip		——————————————————————————————————————	
DLE		DELETE	5.1 TITI			□ Ch	ange Addition
NAME Cascili Annoesee			5.2 NAI				
STREET APORESS Chly - ST - ZIP				EET ADDRESS Y-ST-ZIP			
II.TE		DELETE	6.1 TITU	······		☐ Ch	ange Addition
NAME			6.2 NAI	AE			
STREET ADDRESS			6.3 STF	EET ADDRESS			
City - S1 - ZIP			6 4 CIT	Y-57-71P			

14. I do 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.