FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:20

DOCUMENT # **V32416** **(2)**

1. Corporation Name
A.M.P. CLAMPS, INC.

Principal Place of Business
972 E. 28TH STREET
HIALEAH FL 33013

Mailing Address
~~972 E. 28TH STREET~~
~~HIALEAH FL 33013~~
13941 SW 8th Ter
MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1992**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **65-0328080** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IBARRA, ANA B
972 W. 28TH STREET
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name: IBARRA, ANA B
82 Street Address (P.O. Box Number is Not Acceptable): 13941 SW 8 Ter
83 Miami FL 33184
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, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	IBARRA, ANNA B	1.2 NAME	IBARRA, ANA B
STREET ADDRESS	972 E. 28 ST.	1.3 STREET ADDRESS	13941 SW 8th Ter
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	Miami FL 33184
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	IZQUIERDO, MIGUEL	2.2 NAME	out
STREET ADDRESS	5505 N.W. 7TH ST. # 310	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	T ☒ Change ☐ Addition
NAME	IBARRA, AMADO	3.2 NAME	IBARRA, AMADO
STREET ADDRESS	972 W. 28TH STREET	3.3 STREET ADDRESS	13941 SW 8th Ter
CITY ST ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Miami FL 33184
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY-ST-ZIP	

14. 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)(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: [signature] AMADO J. IBARRA 3/28/95 883-8643
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0092610 CF