


**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90105 042 \*\*\*158.75

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V63652</b> 1. Corporation Name <b>AMERICAN HEAT-PIPES, INCORPORATED</b>			
Principal Place of Business 6914 E. FOWLER AVE. STE E TAMPA FL 33617 US		Mailing Address 6914 E. FOWLER AVE. STE E TAMPA FL 33617 US	
2. Principal Place of Business 21 15803 NW 140TH ST Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 999 Suite, Apt. #, etc.	
22 City & State 23 ALACHUA FL Zip Country 24 32616 25 USA		27 City & State 28 ALACHUA FL Zip Country 29 32616 30 USA	
9. Name and Address of Current Registered Agent NGUYEN, MAIHONG 5109 BURNSIDE COURT TAMPA FL 33624		10. Name and Address of New Registered Agent 81 Name DINH, KHANH 82 Street Address (P.O. Box Number is Not Acceptable) 7819 NW 22ND LANE 83 84 City GAINESVILLE FL 85 Zip Code 32605	
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: <i>[Signature]</i> DATE: 6/4/99			
12. OFFICERS AND DIRECTORS TITLE P NAME DINH, KHANH STREET ADDRESS P.O. BOX 999 CITY-ST-ZIP ALACHUA FL TITLE D NAME DINH, GIANG STREET ADDRESS P.O. BOX 999 CITY-ST-ZIP ALACHUA FL TITLE D NAME HOLTON, JOSEPH STREET ADDRESS 2351 SW 27TH AVE. CITY-ST-ZIP GAINESVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)