SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **614988** **(4)**

1. Corporation Name
MERCEDES ELECTRIC SUPPLY, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: **03/14/1979**
3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business
21: **8550 NW South River Dr**
Suite, Apt. #, etc. 22:
City & State 23: **MIAMI, FL**
Zip 24: **33166** Country 25:

2a. Mailing Address
26: **8550 NW So. River Dr.**
Suite, Apt. #, etc. 27:
City & State 28: **MIAMI, FL.**
Zip 29: **33166** Country 30:

4. FEI Number: **59-1891811** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XXX ☐ **$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
LAPORTA, VICTOR J.
[illegible] SW 48TH ST.
MIAMI FL [illegible]

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **8550 NW South River Drive**
83:
84 City: **MIAMI** **FL** 85 Zip Code: **33166**

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, type or print 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	PD	☐ DELETE	11 TITLE	XX ☐ Change ☐ Addition
NAME	LAPORTA, MERCEDES C		12 NAME	
STREET ADDRESS	[illegible]		13 STREET ADDRESS	8550 NW South River Drive
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE	VSTD	☐ DELETE	21 TITLE	XX ☐ Change ☐ Addition
NAME	LAPORTA, VICTOR J.		22 NAME	
STREET ADDRESS	[illegible]		23 STREET ADDRESS	8550 NW South River Drive
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIAMI, FL. 33166
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victor J. LaPorta Vice President June 11, 1996 (305) 887-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Victor J. LaPorta, Vice President