

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Mar 21 1996 8:00 am**  
Secretary of State

**DOCUMENT # 660446 (6)**  
1. Corporation Name  
**ECONOMIC ELECTRIC, INC.**



Principal Place of Business: **18640 NE 2ND AVENUE MIAMI FL 33179-4428**  
Mailing Address: **18640 NE 2ND AVENUE MIAMI FL 33179-4428**

3. Date Incorporated or Qualified: **03/25/1980**  
3a. Date of Last Report: **03/30/1995**  
4. FLE Number: **59-2562577**  
Applied For:  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

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

9. Name and Address of Current Registered Agent  
**HELLER, L.R., ESQ.  
1 BISCAYNE TOWER  
SUITE 1946  
MIAMI FL**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0607 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
1. TITLE: **PD** [ ] DELETE  
2. NAME: **ALAVI, ALLEN**  
3. STREET ADDRESS: **247 NW 105TH TERRACE**  
4. CITY-STATE-ZIP: **CORAL SPRINGS FL**  
5. TITLE: **VD** [ ] DELETE  
6. NAME: **ALAVI, BARBARA**  
7. STREET ADDRESS: **247 NW 105TH TERRACE**  
8. CITY-STATE-ZIP: **CORAL SPRINGS FL**  
9. TITLE: [ ] DELETE  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE: [ ] DELETE  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:  
17. TITLE: [ ] DELETE  
18. NAME:  
19. STREET ADDRESS:  
20. CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1. TITLE: [ ] Change [ ] Addition  
2. NAME:  
3. STREET ADDRESS:  
4. CITY-STATE-ZIP:  
5. TITLE: [ ] Change [ ] Addition  
6. NAME:  
7. STREET ADDRESS:  
8. CITY-STATE-ZIP:  
9. TITLE: [ ] Change [ ] Addition  
10. NAME:  
11. STREET ADDRESS:  
12. CITY-STATE-ZIP:  
13. TITLE: [ ] Change [ ] Addition  
14. NAME:  
15. STREET ADDRESS:  
16. CITY-STATE-ZIP:  
17. TITLE: [ ] Change [ ] Addition  
18. NAME:  
19. STREET ADDRESS:  
20. CITY-STATE-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)(k), Florida Statutes. I further certify that the information indicated on this 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 this corporation, 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 checked, or on an attachment with an address.

SIGNATURE: **Allen Alavi** **3/15/96** **305 651-0311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)