

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: 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. County
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)