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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 JUN 20 AM 8:31

DOCUMENT # **L26188** (7)

1. Corporation Name
FGM ELECTRIC CO.

| | |
|---|---|
| Principal Place of Business % VALDES FAULI, ET AL TWO S. BISCAYNE BLVD., #3400 MIAMI FL 33131 | Mailing Address % VALDES FAULI, ET AL TWO S. BISCAYNE BLVD., #3400 MIAMI FL 33131 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/27/1989 | 3a. Date of Last Report 09/29/1994 |
| 4. FEI Number 65-0155208 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.03, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

| | |
|----------------|-----------------------------------|
| TITLE | D |
| NAME | NICOLINI, LUIS |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., #3400 |
| CITY, ST, ZIP | MIAMI FL 33131 |
| TITLE | D |
| NAME | REGALADO, MANUEL |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., #3400 |
| CITY, ST, ZIP | MIAMI FL 33131 |
| TITLE | D |
| NAME | FARRO, ELMER |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., #3400 |
| CITY, ST, ZIP | MIAMI FL 33131 |
| TITLE | PS |
| NAME | ROJAS, FELIX |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., #3400 |
| CITY, ST, ZIP | MIAMI FL 33131 |
| TITLE | T |
| NAME | ROJAS, INGRID |
| STREET ADDRESS | 2 S. BISCAYNE BLVD., #3400 |
| CITY, ST, ZIP | MIAMI FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Felix Rojas* 6/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)