

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **10/27/1989** 3a. Date of Last Report: **06/20/1995**

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

4. FEI Number: **65-0155208** 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

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: **Valdes-Fauli Corporate Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable): **2 South Biscayne Blvd., #3400**
83
84 City: **Miami, Florida** FL 85 Zip Code: **33131**

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: *Raul Valdes-Fauli, V.P.* DATE: **4/22/96**
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 <input type="checkbox"/> DELETE
NAME	NICOLINI, LUIS
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	REGALADO, MANUEL
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	FARRO, ELMER
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	PS <input type="checkbox"/> DELETE
NAME	ROJAS, FELIX
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	T <input type="checkbox"/> DELETE
NAME	ROJAS, INGRID
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 on an attachment with an address.

SIGNATURE: *Fulford* DATE: **4-8-96** BUYER PHONE #: **(305) 376-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)