

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L30062 (8)
 1. Corporation Name
ELECON WIRE AND CABLE COMPANY, INC.



Principal Place of Business 9600 NW 25th St MIAMI FL 33178	Mailing Address 9600 NW 25TH STREET #6A MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7219 NW 23 St Suite, Apt #, etc.	2a. Mailing Address 26 9600 NW 25th Street Suite, Apt #, etc.	3. Date Incorporated or Qualified 11/14/1989	4. FEI Number 65-0181702 Applied For <input type="checkbox"/> Not Applicable
22 City & State MIAMI, FL	27 City & State	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
23 Zip 33122 Country DAVE	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PATINO, RAMON A 9600 N W 25TH STE 6-A MIAMI FL 33172	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
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11. Pursuant to the provisions of Sections 607.0102 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT / TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON PATINO	1.2 NAME	MARIA GELIA BALDASSARINI DE DONA
STREET ADDRESS	AVENIDA VALENCIA QUINTA ELECON	1.3 STREET ADDRESS	AV. VALENCIA QUINTA ELECON
CITY-ST-ZIP	CARACAS VE	1.4 CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President / Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDASSARINI, MARIA G	2.2 NAME	ROBERTO GINO DONA BALDASSARINI
STREET ADDRESS	AVENIDA VALENCIA QUINTA ELECON	2.3 STREET ADDRESS	AV. VALENCIA QUINTA ELECON
CITY-ST-ZIP	CARACAS VE	2.4 CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATINO, RAMON A	3.2 NAME	
STREET ADDRESS	9600 NW 25th St, Ste 6A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **MARIA GELIA BALDASSARINI** 3/13/98 (305) 477-2439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0237977

CR2E034 (10/97)