

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L87150 (3)**

1. Corporation Name  
**ELECTRONICS-LAS FABRICAS, INC.**

Principal Place of Business Mailing Address  
**1036 SW FIRST ST MIAMI FL 33130**  
**1036 SW 1 ST MIAMI FL 33130 US**

**APPROVED AND FILED**  
95 APR 26 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**300001467043**  
**-04/27/95--01077--004**  
**\*\*\*\*\*200.00 \*\*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/03/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0205385** 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 2a. Mailing Address  
21 **1036 S.W. 1 ST.** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **MIAMI FLORIDA.** 28  
Zip Country 29 Zip Country  
24 **33130** 25 **US.** 30

9. Name and Address of Current Registered Agent  
**FL ANNUAL RPT/CANTERA ASSOCIATES INC**  
**1036 SW FIRST ST**  
**MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name **FLORIDA ANNUAL REPORT SERVICES INC.**  
82 Street Address (P.O. Box Number is Not Acceptable) **1036 S.W. 1 ST.**  
83  
84 City **MIAMI** 85 Zip Code **FL 33130**

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 607.0504, Florida Statutes.

SIGNATURE *[Signature]* **AMADA C. LOPEZ, PRES** 4/25/95  
(NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>
NAME	<b>GUTMAN, GENA</b>
STREET ADDRESS	<b>115 NE THIRD AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>DP</b>
NAME	<b>GUTMAN, SALOMON</b>
STREET ADDRESS	<b>115 NE THIRD AVE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<b>DP</b>
63 STREET ADDRESS	<b>424</b>
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 119.07(3)(a), 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 owner 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 change of registered agent and who an address.

SIGNATURE: *[Signature]* **SALOMON GUTMAN** 4/25/95  
(Signature and typed or printed name of signing officer or director) (Date) (Typed Name)