

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

PROFIT CORPORATION ANNUAL REPORT **1996**



FLORIDA DEPARTMENT OF STATE
 Sanora B. Morihani
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **L87150 (3)**
 1. Corporation Name
ELECTRONICS-LAS FABRICAS, INC.

96 MAY -1 PM 2: 19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
1036 S.W. 1 ST. MIAMI FL 33130 **1036 S.W. 1 ST. MIAMI FL 33130**

3. Date Incorporated or Qualified **07/03/1990** 3a. Date of Last Report **04/26/1995**
 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 2300 CORAL WAY **26 2300 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 MIAMI FLORIDA, **28 MIAMI FLORIDA,**
 Zip Country Zip Country
24 33145 **25 US.** **29 33145** **30 US.**

9. Name and Address of Current Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC.
1036 S.W. 1 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) 2300 CORAL WAY SUITE # 200
83
84 City MIAMI **85 Zip Code FL 33145**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **AMADA CANTERA LOPEZ, PRES**

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|---------------------------|--------------------------|---|------|-----------|
| TITLE | NAME | DELETABLE | 1. TITLE | NAME | DELETABLE |
| | DST GUTMAN, GENA | <input type="checkbox"/> | | | |
| STREET ADDRESS | 115 NE THIRD AVE | | 2. STREET ADDRESS | | |
| CITY-STATE-ZIP | MIAMI FL | | 3. CITY-STATE-ZIP | | |
| | DP GUTMAN, SALOMON | <input type="checkbox"/> | 4. TITLE | | |
| STREET ADDRESS | 115 NE THIRD AVE | | 5. NAME | | |
| CITY-STATE-ZIP | MIAMI FL | | 6. STREET ADDRESS | | |
| | | <input type="checkbox"/> | 7. CITY-STATE-ZIP | | |
| STREET ADDRESS | | | 8. TITLE | | |
| CITY-STATE-ZIP | | | 9. NAME | | |
| | | <input type="checkbox"/> | 10. STREET ADDRESS | | |
| STREET ADDRESS | | | 11. CITY-STATE-ZIP | | |
| CITY-STATE-ZIP | | | 12. TITLE | | |
| | | <input type="checkbox"/> | 13. NAME | | |
| STREET ADDRESS | | | 14. STREET ADDRESS | | |
| CITY-STATE-ZIP | | | 15. CITY-STATE-ZIP | | |

14. I do hereby certify that the information supplied with this report 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 executor or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.

SIGNATURE: *[Signature]* **GENA, GUTMAN**

DP 5/11
 4/29/96

CR2E034 (12/95)