

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # M17440 (2)
 1. Corporation Name
INDUSTRIAL COMPONENTS, INC.



Principal Place of Business	Mailing Address
6815 NW 84 AVE 2250 N.W. 102 Ave. MIAMI FL 33166 Miami - 71. 33172	6815 NW 84 AVE 2250 N.W. 102 Avenue MIAMI FL 33166 Miami - 71. 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2250 N.W. 102 Avenue	26	2250 N.W. 102 Avenue	06/26/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Miami		27 Miami		59-2568022	
City & State		City & State		Applied For	
23 Florida		28 Florida		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33172		29 33172		Country	
25 Dade		30 Dade		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				10. Name and Address of New Registered Agent			
GOMEZ, ABELARDO				81 Name			
6815 N.W. 84 AVENUE 2250 N.W. 102 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33166 Miami, FL 33172				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Vice President Finance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOMEZ, ABELARDO	1.2 NAME	Lucila Gomez
STREET ADDRESS	1101 SAN PEDRO AVENUE	1.3 STREET ADDRESS	1101 SAN PEDRO AVENUE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	miami, FL 33156
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Albert A. Gomez
STREET ADDRESS		2.3 STREET ADDRESS	1101 SAN PEDRO AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: ABELARDO GOMEZ 1/14/98 3054770389-

CR2E034 (10/97)