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

**FILED** Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M43274 (3)**ELECTRO-MAG INDUSTRIES CORPORATION** Principal Place of Business Mailing Address 670 WEST 20TH STREET 670 WEST 28TH STREET HIALEAH FL 33010-1218 HALEAH FL 33010-1218 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1986 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0008704 Not Applicable Suite, Apt #, etc. Suite, Ant. #. etc. \$8.75 Additional 6, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 23 26 Zip Country Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FAVA, MICHAEL 16000 N.W. 83RD AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES FL 33016 83 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE TITLE Change Addition FAVA. MICHAEL NAME 1.2 NAME 16000 N.W. 83RD AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE FAVA, ISABEL J NAME 2.2 NAME 16000 N.W. 83RD AVE. STREET ADDRESS 2.3 STREET ADDRESS MIAMI LAKES FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY - ST - ZiP DELETE Change Addition TITLE 51 TOLE 5.2 NAME NAME

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.

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

TITLE NAME

DELETE

04/08/98

1<del>888 - 98</del>991

Change

Addition

CR2E034