

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Madsen
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 2:34

DOCUMENT # **M57825** (5)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISCTRONICS CORPORATION

Principal Place of Business: 2315 N.W. 107TH AVE., 1M55 MIAMI FL 33172
Mailing Address: 2315 N.W. 107TH AVE., 1M55 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1987
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2840148	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. ZIP	29. ZIP	8. This corporation has liability for intangible tax under s. 198.02, Florida Statutes	<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

PINTO-TORRES, FRANCISCO J.
8370 W. FLAGLER STREET
SUITE 118
MIAMI FL 33144

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, RICARDO	13. NAME	
STREET ADDRESS	1940 S.W. 128TH CT.	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	13. CITY, ST, ZIP	
TITLE	D	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, NORMA	13. NAME	
STREET ADDRESS	1940 S.W. 128TH CT.	13. STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	13. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. 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 199.02(2)(b), 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 responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if applicable), or on an attachment with an address.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 28 95, 305-477461