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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90140 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085777

1. Corporation Name
SUPERTEX AMERICA, INC.



Principal Place of Business 200 S. BISCAYNE BLVD. SUITE 4874 MIAMI FL 33131	Mailing Address 200 S. BISCAYNE BLVD. SUITE 4874 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2550 N.W. 72 AVENUE Suite, Apt. #, etc. 22 311 City & State 23 MIAMI, FLORIDA Zip Country 24 33122 25 USA	2a. Mailing Address 26 2550 N.W. 72 AVENUE Suite, Apt. #, etc. 27 311 City & State 28 MIAMI, FLORIDA Zip Country 29 33122 30 USA
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3. Date Incorporated or Qualified 10/17/1996	4. FEI Number 65-0702933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
 200 S. BISCAYNE BLVD.
 SUITE 4874
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ANA MARIA HERRERA	82 Street Address (P.O. Box Number is Not Acceptable) 2550 N.W. 72 AVENUE	83 SUITE 311	84 City MIAMI, FLORIDA	85 Zip Code FL 33122
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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: *Ana Maria Herrera* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTA, EDUARDO H 200 S. BISCAYNE BLVD. MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, MARTA 200 S. BISCAYNE BLVD. MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOTERO, RAMIRO 200 S. BISCAYNE BLVD. MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD HERRERA BOTTA, EDUARDO 2550 N.W. 72 AVENUE, SUITE 311 MIAMI, FL 33122	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S HERRERA, ANA MARIA 2550 N.W. 72 AVENUE, SUITE 311 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T BOTERO, RAMIRO 2550 N.W. 72 AVENUE, SUITE 311 MIAMI, FL 33122	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied on 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 supplement to 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, with all other like empowered.

SIGNATURE: *[Signature]* 04/02/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)