

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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90058 050 ***150.00

0187468

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000036577

1. Corporation Name
ELECTROBAIRES, CORP.

Principal Place of Business
 118 E FLAGLER STREET
 MIAMI FL 33130

Mailing Address
 118 E FLAGLER STREET
 MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 118 E FLAGLER STREET
 Suite, Apt. #, etc.

26 118 E FLAGLER STREET
 Suite, Apt. #, etc.

22 City & State

27 City & State--

23 MIAMI FLORIDA

28 MIAMI FLORIDA

24 Zip

Country
 25 U.S.A.

29 Zip

Country
 30 U.S.A.

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829946

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

CANTOR, STEVEN L
 777 BRICKELL AVENUE
 SUITE 500
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME SOFOVICH, GUSTAVO
 STREET ADDRESS 16400 COLLINS AVE, #2344
 CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE VD DELETE
 NAME FIORE, JOSE
 STREET ADDRESS 17021 N BAY RD, #206
 CITY-ST-ZIP MIAMI FL 33160

TITLE SD DELETE
 NAME FERREIROS, MARCELO
 STREET ADDRESS 400 LESLIE DR, #1025
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change Addition
 1.2 NAME GUSTAVO SOFOVICH
 1.3 STREET ADDRESS 16400 COLLINS AVE # 2344
 1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

2.1 TITLE VICEPRESIDENT Change Addition
 2.2 NAME JOSE FIORE
 2.3 STREET ADDRESS 17021 N BAY RD. # 206
 2.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JOSE FIORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE FIORE

04/28/99

(305) 381-9991

Date

Daytime Phone #

CR2E034 (1/98)