

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000013084 (4)

1. Corporation Name  
MIAMI TRANSFORMERS CORP.

Principal Place of Business 8120 N.W. 66TH STREET MIAMI FL 33166-2732	Mailing Address 8120 N.W. 66TH STREET MIAMI FL 33166-2732
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3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
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2. Principal Place of Business 21 13907 SW 252 ST Suite, Apt. #, etc.	2a. Mailing Address 26 13907 SW 252 ST Suite, Apt. #, etc.
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4. FEI Number 65-0647 554	Applied For Not Applicable
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22	27
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 City & State Miami FL	28 City & State Miami FL
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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24 Zip 33032	25 Country US	29 Zip 33032	30 Country US
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILA, JORGE J  
8120 N.W. 66TH STREET  
MIAMI FL 33166-2732

81 Name VILA JORGE J	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 13907 SW 252 ST	
84 City Miami FL	85 Zip Code 33032

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 of 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, am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	VILA, JAVIER O	
STREET ADDRESS	11961 S.W. 94TH STREET	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VILA, JORGE J	
STREET ADDRESS	11961 S.W. 94TH STREET	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*Jorge Vila*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-97

305-257-1491

CR2E034 (9/96)