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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT # P96000013084 (4)

MIAMI TRANSFORMERS CORP.

FILED Feb 02 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		,			
13907 SW 25		13907 SW 252 STREET					
MIAMI FL 33	032	MIAMI FL 33032		DO NOT	WRITE IN THIS S	DACE	
				3. Date Incorporated or Qua		ACL	
ŀ				02/12/1996	iiiiida		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number			pplied For
	355W 25251	26 13935 SH	112525				ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , 				Additional
22		27		5. Certificate of Status Desire	ed 🗌		equired
22			<i>C</i> /	6. Election Campaign Finance	ina	\$5.00	May Bo
23	Miami Fl	28 MIAMI	<i>FL</i>	Trust Fund Contribution		•	to Fees
Zip	County.	Zip	Country	8. This corporation owes or I	as paid the curre		
24 33 <i>t</i>	032 25 BADE	29 33//32 3	O DADE.	Personal Property Tax due] No
	9. Name and Address of Current	Registered Agent		10. Name and Address of N	ew Registered A	gent	
VIL	A, JORGE J		81 Name	1610 JAPLE			
	907 SW 252 ST	VILA VORGE V	Cantable)				
MIAMI FL 33032 82 Street Address (P.O. Box Number is Not Acceptable)							
			83 12	025 CM 251	ST		
				935 SW 252	<u> </u>	т	
			84 City	MIAMI El	FL	85 Jp	^{C∞de} ₹ <i>N</i> .3 2
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	. the above-named	corporation submits this statement fo			
office or r	to the provisions of Sections 607,0502 registered eyont, or both, in the State of im familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the corp	poration's board of directors. I hereby	accept the appo	intment as	registered
	im familiar with, and accept the delica				1-2	2-9	@
SIGNATURE	Signature, typed or printed name of registered again	V Prod title if applicable (NOTE F	Bonislared Amont signature	raquired when reinstaling)	DATE	2 /	<i>o</i>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO		DIRECTOR	IS IN 12
TITLE	PID	DELETE	1.1 TITLE	O th		Change	☐ Addition
NAME	VILA, JAVIER O		1.2 NAME	IND JOVIERD	_	•	
STREET ADDRESS	11961 S.W. 94TH STREET		13 STREET ADDRESS	ESE NE ISST	33-F		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY- ST - ZIP	VILA JAVIERD 555 NE 15ST MIAMI, FLA.	33132		ľ
TITLE	SD	DELETE	2.1 TITLE	111 H 11 1 7 -1 1 7 -11 1		Change	Addition
NAME	VILA, JORGE J		2.2 NAME		•		
STREET ADDRESS	11961 S.W. 94TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP				
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME		•		
STREET ADDRESS							l
			3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE			Change	Addition
NAME		- Decemb			_	- onnigo	
1		!	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP			Change	Addition
TITLE		☐ Deceip	5.1 TITLE		L		L. Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP			-	
TITLE		☐ DELETE	61 TITLE		Ł	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-SI-ZIP			6.4 CITY-ST-ZIP				
14. I hereby c	certify that the information supplied wit	n this filing does not qualify for t	he exemption state	ed in Section 119.07(3)(i), Florida Statu	ites. I further cert	ify that the	information

indicated on this armual report of supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 a rapidress.