SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **449663** **(4)**

1. Corporation Name
A-1 ETRON, INC.

Principal Place of Business	Mailing Address
5661 SW 8TH ST MIAMI FL 33134	5661 SW 8TH ST MIAMI FL 33134

3. Date Incorporated or Qualified: **04/03/1974**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1565958** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FADDEN, WILLIAM E.
801 MEDINA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2260 S. Front St., #307
83:
84 City: Melbourne **FL** 85 Zip Code: 32901

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 _____ DATE _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	FADDEN, WILLIAM E.		12 NAME		
STREET ADDRESS	801 MEDINA AVE		13 STREET ADDRESS	2260 S. Front St., #307	
CITY-ST-ZIP	CORAL GABLES FL		14 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	VD	☒ DELETE	21 TITLE	VD	☒ Change ☐ Addition
NAME	TYLER, ALICE F.		22 NAME	BENAVIDES, YANIN	
STREET ADDRESS	648 PALERMO AVENUE		23 STREET ADDRESS	11770 S.W. 273 Lane	
CITY-ST-ZIP	CORAL GABLES FL		24 CITY-ST-ZIP	Miami, FL 33032	
TITLE	TD	☒ DELETE	31 TITLE	TD	☒ Change ☐ Addition
NAME	FADDEN, WILLIAM E.		32 NAME	BROWN, MARGARET E.	
STREET ADDRESS	801 MEDINA AVE		33 STREET ADDRESS	10 Osage Drive	
CITY-ST-ZIP	CORAL GABLES FL		34 CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	SD	☒ DELETE	41 TITLE	SD	☒ Change ☐ Addition
NAME	BELLAH, SUZANNE F.		42 NAME	PEREZ, ANDREW J.	
STREET ADDRESS	801 MEDINA AVENUE		43 STREET ADDRESS	1470 N.W. 27th Street	
CITY-ST-ZIP	CORAL GABLES FL		44 CITY-ST-ZIP	Miami, FL 33142	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ March 29, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William E. Fadden, President