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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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
5661 SW 8TH ST X
MIAMI FL 331XXX

Mailing Address
XXXXXXXXXX
XXXXXXXXXXXXX

3. Date Incorporated or Qualified: 04/03/1974	3a. Date of Last Report: 07/03/1996
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

	2. Principal Place of Business		2a. Mailing Address
21	1130 South Harbor City Blvd	26	1130 South Harbor City Blvd
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: Melbourne, Florida	28	City & State: Melbourne, Fl.
24	Zip: 32901	29	Zip: 32901
25	Country	30	Country

9. Name and Address of Current Registered Agent

FADDEN, WILLIAM E.
2260 S. FRONT STREET
SUITE 307
MELBOURNE FL 32901

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] DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FADDEN, WILLIAM E.	
STREET ADDRESS	2260 S. FRONT S. #307	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	☒ DELETE
NAME	BENEVIDES, YANIN	
STREET ADDRESS	11770 SW 273 LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☒ DELETE
NAME	BROWN, MARGARET E.	
STREET ADDRESS	10 OSAGE DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	SD	☒ DELETE
NAME	PEREZ, ANDREW J.	
STREET ADDRESS	1480 NW. 27TH STREET	
CITY-ST-ZIP	MIAMI FL	
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	VD	☐ Change ☒ Addition
1.2 NAME	Suzanne Fadden-Bellah	
1.3 STREET ADDRESS	1130 South Harbor City Blvd.	
1.4 CITY-ST-ZIP	Melbourne, Fl, 32901	
2.1 TITLE	TD	☐ Change ☒ Addition
2.2 NAME	Linda Fadden	
2.3 STREET ADDRESS	2260 South Front Street # 307	
2.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Timothy K. Bellah	
3.3 STREET ADDRESS	1130 S. Harbor City Blvd.	
3.4 CITY-ST-ZIP	Melbourne, Fl. 32901	
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		

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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: [signature] Suzanne Fadden-Bellah 3-13-97 407-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0183045