

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 494408

(8)

1. Corporation Name

GARCIA LAMPS CORPORATION

Principal Place of Business

**1738 NW 21 TERRACE
MIAMI FL 33142**

Mailing Address

**1738 NW 21 TERRACE
MIAMI FL 33142**



2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**GARCIA, LAZARO R.
1736 N.W. 22ND ST.
MIAMI FL 33142**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(2), 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, thereby, accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(3), Florida Statutes.

SIGNATURE

Signature of the person authorized to accept service of process

Signature of the person authorized to accept service of process

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GARCIA, LAZARO R.	
STREET ADDRESS	1101 S.W. 75TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	GARCIA, MIRTA	
STREET ADDRESS	1101 S.W. 75TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption statement in Section 119.04(3)(a), Florida Statutes. I further certify that the information included in 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, and that my name or address is printed on the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, on the attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

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