

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **521634**

(6)

1. Corporation Name

**INFOTRONICS, INC.**

Principal Place of Business

911 NW 27TH AVENUE  
MIAMI FL 33125

Mailing Address

911 NW 27TH AVENUE  
MIAMI FL 33125



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**RUIZ, RAFAEL  
911 NW 27TH AVENUE  
MIAMI, FLORIDA  
33125**

3. Date Incorporated or Qualified <b>01/05/1977</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>59-1721472</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City <b>FL</b>	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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST CHANG, JULIO 10705 S W 46TH ST MIAMI, FL 00000	<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	PD RUIZ, RAFAEL 1515 GRANADA BLVD CORAL GABLES, FL 00000	<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	D RUIZ, RAFAEL 1515 GRANADA BLVD. CORAL GABLES FL	<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	D CHANG, JULIO 10705 S W 46TH ST MIAMI, FL 00000	<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Rafael Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

305-541-4700

Date

Daytime Phone #

CR2E034 (12/95)