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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # 529270

(1)

ARCO ELECTRONICS, INC.

Principal Place of Business	Mailing Address			
3905 SW 110TH AVE. MIAMI FL 33165	3905 SW 110TH AVE. MIAMI FL 33165			

Principal Place of Business Mailing Address					/// #/8// BIB// #18// #/#// #/#// 1981	
3905 SW 110TH AVE. 3905 SW 110TH AVE.						
MIAMI FL 331	·	MIAMI FL 33165			20 107 117 117	T. 110 00 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<u> </u>					3. Date Incorporated or Qualified	THIS SPACE
					03/29/1977	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1729291	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	\$9.75 Additional
22		27			5. Certificate of Status Desired L	Fee Required
City & Stat	е	City & Stato			6. Election Campaign Financing	\$5.00 May Be
23		28	· · .		Trust Fund Contribution	<del>,</del>
Zip	Country	Zip	Country	,	B. This corporation owes or has paid the	
24	25 9. Name and Address of Currer		30		Personal Property Tax due June 30.  10. Name and Address of New Regist	Yes No
00		it trogresion ou regent	81	Name	Totalino and Addition of North Hogist	oroa Agorii
	MINGUEZ, EDUARDO 05 SW 110TH AVE.					
	AMI FL 33165		82	Street A	Address (P.O. Box Number is Not Acceptable)	
MID	TMI FE 33 103		83			
] "						
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida Statute	s, the abov	e-narned c	corporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its registered
office or r	egistered agent, or both, in the State im familiar with, an <b>d a</b> ccept the oblig	) of Florida. Such change was a jations of, Section 607.0505, Flo	uthorized by rida Statutes	/ the corpi 3.	oration's board of directors. I hereby accept th	e appointment as registered
SIGNATURE	, -					
	Signature, typed or printed name of registered age			nt signature (		PATE
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	DOMINGUEZ, EDUARDO		1.1 TITLE 1.2 NAME			Change Addition
NAME STREET ADDRESS	10940 SW 38TH STREET		1.2 NAME 1.3 STREET	ATIDDECC		
CITY-ST-21P	MIAMI FL		1.4 CITY-S	· 1		
TITLE	81D	☐ DELETE	2.1 TITLE	1 - ZIF		Change Addition
	MANAGUEZ DALIA		2.2 NAME			
OTHER AUDIESS	THEET	- •	2.3 STREET	ADDRESS		
CITY-ST-ZIP	MAMI FL		2. 4 CITY - S	IT-ZIP		
TITLE	VP	☐ DEL€TE	3.1 TITLE			Change Addition
NAME OTDEET ADDRESS	DOMINGUEZ, JORGE 10940 SW 36TH STREET		3.2 NAME	- 1		
STREET ADDRESS	MIAMI FL		3.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE	MICAMI I L	DELETE	3.4. CITY - S	1-2IP		
NAME		L DECETE	4.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME	1000000		
CITY-ST-ZIP			4.3 STREET			
TITLE		☐ DELETE	4.4 CITY - ST 5.1 TITLE	-ZIP		Change Addition
NAME			5.2 NAME	1		Change Addition
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST			
TALE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		İ
CITY-SF-ZIP	95-0-201		6.4 CITY-ST	-ZIP		

Thereby certify that the information supplied with this filling does not qualify for the experition 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 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, so on an attachment with an address.

**FILED** 

Jan 28 1998 8:00am

Secretary of State