


FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
<div style="display: flex; justify-content: space-between;"> <div> DOCUMENT # 566534 1. Corporation Name: LA EPOCA ELECTRONIC, INC. </div> <div style="font-size: 2em; font-weight: bold;">(4)</div> </div>		
Principal Place of Business 96 NE 2ND AVENUE MIAMI FL 33132		Mailing Address 96 NE 2ND AVENUE MIAMI FL 33132-2508
2. Principal Place of Business <div style="border: 1px solid black; padding: 2px;"> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 </div>	2a. Mailing Address <div style="border: 1px solid black; padding: 2px;"> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 </div>	
9. Name and Address of Current Registered Agent		
ALONSO, ANTONIO 96 NE SECOND AVE MIAMI FL 33132		<div style="border: 1px solid black; padding: 2px;"> 81 Name 82 Street Address 83 84 City </div>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent's signature required)		
12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <input type="checkbox"/> DELETE ALONSO, JOSE 96 NE 2 AVE MIAMI FL SD <input type="checkbox"/> DELETE ALONSO, ANTONIO 96 NE 2 AVE MIAMI FL _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE _____ <input type="checkbox"/> DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address		
SIGNATURE: _____		



CR2E034 (9/96)