## 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 # 626271

(1)

**ETCO ELECTRICAS TRADING CORPORATION** 

FILED Apr 09 1998 8:00am Secretary of State



	<u></u>				─{				
Principal Place of Business Mailing Address									
5242 SW 89TH CT 5242 SW 89TH CT									
MIAMI FL 33165-612 MIAMI FL 33165-612 US US					DO NOT WRITE IN THIS SPACE				
00		03			3. Date Incorporated or Qualified	t		<del></del>	
					06/18/1979				
2, Principal Pi	ace of Business	2a. Mailing Address		4	4. FEI Number		Ap	plied For	
21 5242.	S.W. 89TH COURT	26 5242 S.W. 8	917	COURT	59-1922204		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75		
27							Fee Re	•	
City & State 23 MIR A	ni- FL	City & State  28 Miami - FL			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip // // //	Country	•	8. This corporation owes or has				
24 33/62	66/2 25 US	29 <i>33/65-66/2</i> 30	<u>US</u>		Personal Property Tax due Ju 10. Name and Address of New I			No No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New !	Jediare.eg Vi	Jenr		
BOSTOCK, GLORIA				Hame					
5242 S W 89TH COURT				Street Addr	ress (P.O. Box Number is Not Accept	able)			
MIAM! FL 33165							·		
			83						
			84	City		FI	85 Zip (	Code	
44 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes, t	the above	a-named corr	poration submits this statement for the	n purpose of c	hanging it	s registered	
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 profest narror of regulatored agent and little of applicable. (NOTE Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND I	DIRECTOR	IS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	VELEZ, WILLIAM		1.2 NAME						
STREET ADDRESS	CALLE 36 63-31		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MEDELLIN, COLOMBIA 00000		1.4 CITY-\$	T-ZIP					
TITLE	D DELETE		2.1 TITLE				Change	Addition	
NAME	RESTREPO, MARIO		22 NAME						
STREET ADDRESS	EDIFICIO LAS NAVES, 102		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MEDELLIN, COLOMBIA 00000		2.4 CITY-	ST-ZIP			_	,	
TITLE	\$	☐ DELETE	3.1 TITLE			Ĺ	_ Change	Addition	
NAME	BOSTOCK, GLORIA	1	3.2 NAME						
STREET ADDRESS	5242 SW 89TH COURT	İ	3.3 STREET						
CATY-\$1-ZIP	MIAMI, FL 00000		3.4. CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	<b>1</b> ov	1-14-696	
TITLE		DELETE	4.1 TITLE			L	Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	į.					
C/TY - ST - ZIP	***************************************	DOLOTE	4.4 CITY - S	T-ZIP		1	Change	Addition	
TITLE		DELETE	5.1 TETLE			ı		E MUUIUON	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	<b>I</b>					
CITY-ST-ZIP		☐ DELETE	5.4 CITY - S	T-ZIP			Change	Addition	
TITLE		☐ DETE IF	6.1 TITLE			L	Grange	אייייייייייייייייייייייייייייייייייייי	
NAME			6.2 NAME						
STREET ADORESS			6.3 STREET						
CITY-ST-ZIP	partifu that the information supplied with	n this filing does not qualify for th	6.4 CITY-S		Section 119 07/3/ii) Florida Statutes	1 further cert	ify that the	information	

i. I 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 frustee 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.

CIONATURE.

Maria Soutrel

GlORIA BOSTOCK

04/06/98 305-274-078

R2E034 (10/97)