

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 640877 (7)

1. Corporation Name

PANELTRONICS INCORPORATED



Principal Place of Business

11960 N.W. 87 COURT
HIALEAH GARDENS FL 33016

Mailing Address

11960 N.W. 87 COURT
HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified

09/10/1979

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PELAEZ, PEDRO R.
11960 NW 87 COURT
HIALEAH FL 33016-8912

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

(If OFF Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PELAEZ, MARTA	
STREET ADDRESS	6930 MAPLE TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	PD	☐ DELETE
NAME	PELAEZ, PEDRO R	
STREET ADDRESS	6930 MAPLE TERR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VD	☐ DELETE
NAME	PELAEZ, PEDRO JR	
STREET ADDRESS	16329 NW 84 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	PELAEZ, RAUL	
STREET ADDRESS	17435 NW 86 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☒ DELETE
NAME	URQUIJO, AMF	
STREET ADDRESS	8340 NW 164 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 3058235777
Date Date & Phone #

CR2E034 (12/95)