

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

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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 651859 (1)  
1. Corporation Name  
ELECTREX COMPANY

Principal Place of Business  
18620 NE 2ND AVE.  
MIAMI FL 33179

Mailing Address  
18620 NE 2ND AVE.  
MIAMI FL 33179-4452



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1979		3a. Date of Last Report 03/26/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1982894		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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 OSTROVSKY, BEN 18620 NE 2 AVENUE MIAMI FL 33179				10. Name and Address of New Registered Agent			
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, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE						1.1 TITLE					
NAME						1.2 NAME					
STREET ADDRESS						1.3 STREET ADDRESS					
CITY - ST - ZIP						1.4 CITY - ST - ZIP					
TITLE						2.1 TITLE					
NAME						2.2 NAME					
STREET ADDRESS						2.3 STREET ADDRESS					
CITY - ST - ZIP						2.4 CITY - ST - ZIP					
TITLE						3.1 TITLE					
NAME						3.2 NAME					
STREET ADDRESS						3.3 STREET ADDRESS					
CITY - ST - ZIP						3.4 CITY - ST - ZIP					
TITLE						4.1 TITLE					
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY - ST - ZIP						4.4 CITY - ST - ZIP					
TITLE						5.1 TITLE					
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY - ST - ZIP						5.4 CITY - ST - ZIP					
TITLE						6.1 TITLE					
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY - ST - ZIP						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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0243206

CR2E034 (9/96)