
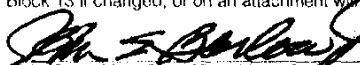


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000006027 (4)			
1. Corporation Name MAG-LECTRIX COMPONENTS, INC.			
Principal Place of Business 300 E. MAIN ST., 5TH FL. EL PASO TX 79901		Mailing Address 300 E. MAIN ST., 5TH FL. EL PASO TX 79901-1372	
2. Principal Place of Business 21 3520 W. PROSPECT RD. Suite, Apt. #, etc. 22 #301 City & State 23 FT. LAUDERDALE FL Zip 24 33309		2a. Mailing Address 25 SAME AS PLACE OF BUSINESS Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 USA 30	
3. Date Incorporated or Qualified 11/18/1996		3a. Date of Last Report N/A	
4. FEI Number APPLIED FOR 74-2799605		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	DELETED	
	C YANG, CHUAN-EN	<input type="checkbox"/>	
STREET ADDRESS	3F/1, NO. 19 ALLEY 3RD, WU-CHYUAN ST.		
CITY-STATE-ZIP	PAN CHIAO CITY, TAIPEI HSIEN		
TITLE	NAME	DELETED	
	C LIU, TE-SHAO	<input type="checkbox"/>	
STREET ADDRESS	NO. 38, CHUNG-SHAN RD., CHAUN-CHOW		
CITY-STATE-ZIP	CHENG, PING-DON, HSIEN		
TITLE	NAME	DELETED	
	DPST BARLOW, JOHN E JR.	<input type="checkbox"/>	
STREET ADDRESS	300 E. MAIN ST., 5TH FL.		
CITY-STATE-ZIP	EL PASO TX 79901		
TITLE	NAME	DELETED	
		<input type="checkbox"/>	
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE	NAME	DELETED	
		<input type="checkbox"/>	
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	Change	Addition
1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP		
2.1 TITLE	2.2 NAME	Change	Addition
2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP		
3.1 TITLE	3.2 NAME	Change	Addition
3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP		
4.1 TITLE	4.2 NAME	Change	Addition
4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP		
5.1 TITLE	5.2 NAME	Change	Addition
5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP		
6.1 TITLE	6.2 NAME	Change	Addition
6.3 STREET ADDRESS	6.4 CITY-STATE-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 FILING OFFICER OR DIRECTOR			



CR2E034 (9/96)