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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 (6)**DOCUMENT #** 1. Corporation Name EDISON ELECTRIC, INC.



Principal Place of	Business	Price-in	ng Address							
782 N. LEJUN Miami Fl 331	IE RD. SUITE 555 26		82 N. LEJUNE RD. S Hami fl 33126	Suite 555	5					
							3. Date incorporated or Qualified 06/01/1983	<b>3a.</b> Da	of Last F 08/10/1	1995
. Principal Plac	e of Business	2a. N	Mailing Address				4. FEI Number			Applied For
	• • • • • • • • • • • • • • • • • • • •	26	•				NOT APPLICABLE			Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State			City & State				Election Campaign Financing     Trust Fund Contribution		Add	00 May Be ed to Fees
Zip	Country 25		⁄ip	30	untry			∭ No		s 199.032,
	9. Name and Address of Currer		red Agent	.13.54	Τ		10. Name and Address of New F	legistere	d Agent	
	g, Italia				81	Name				
CABRERA,A.J.,JR.					82	Street Address (P.O. Box Number is Not Acceptable)				
TADKET			102	Olloot Fadin	,					
782 N. LEJEUNE RD. SUITE 555 MIAMI FL 33126					83	1				
					84	City			85	Zip Code
	,				1	′		F	·L	·
1 Durement to	the provisions of Sections 607.050	2 and 607.	1508, Florida Statute	s, the ab	ove	named corpor	ation submits this statement for the pure of directors. I hereby accept the app	rpose of	changing its	registered offi
or registere	d agent, or both, in the State of Flori i, and accept the obligations of, Sec	ida, Such i	change was authorize	ed by the	corp	ooration's boar	ation submits this statement for the purific of directors. I hereby accept the app	omunem	as register	sa agont rom
familiar with	n, and accept the obligations of, Sec	ation ourse	Jos, Fiorida Glatetes							
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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 have 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 have 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 the certific 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 the certific 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 the certific 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 the certific that it is not accurate and that my signature shall have the same legal effect as if the certific that it is not accurate and that my signature shall have the same legal effect as if the certific that it is not accurate and that my signature shall have the same legal effect as if the certific that it is not accurate and that my signature shall have the certific that it is not accurate and the

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #