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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K35965

(8)

Principal Place of Business

2. Principal Place of Business

INSTELEC CORP.

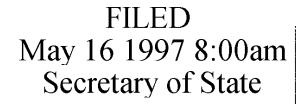
Mailing Address

12205 8.W. 129TH CT. MIAMI FL 83186

12205 S.W. 129TH CT. MIAMI FL 33188-6440

2a. Mailing Address

26



3a. Date of Last Report

Applied For

Not Applicable

05/01/1996



3. Date incorporated or Qualified

10/03/1988

65-0145419

4. FEI Number

Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			F 0-111-1-1011 D	\$8.75 Additional	
22		27	:		5. Certificate of Status Desired	Fee Required	
City & State	е	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s. 199.032,	
24	25	29	30			Yes No	
	9. Name and Address of Curren	t Registered Agent	81	Mann	10. Name and Address of New Reg	distered Agent	
VARELA, JOAQUIN 8810 SW 132 PLACE #206 MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85 Zip Code	
73 - 2						FL   '	
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the above	<ul> <li>named corp</li> <li>the corporat</li> </ul>	poration submits this statement for the principles heard of directors. I berefy accept	urpose of changing its registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes	sorporat	ion's board of directors. Thereby accep	t the appointment as registered	
SIGNATURE							
	Signature, typed or printed name of registered age			nt signature requir	ed when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	· <del></del> ····	ADDITIONS/CHANGES TO OFFICE		
. 1	VARELA, JOAQUIN	☐ DELETE	1.1 TITLE			Change Addition	
NAME			1.2 NAME				
STREET ADDRESS	8810 SW 132 PLACE #206	•	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	D. D.C. C.C.	1.4 CHTY-ST	- ZIP			
TITLE	S MENTO MADIA TEDECA	☐ DELETE	21 THLE			Change Addition	
NAME	VENTO MARIA TERESA		2 2 NAME				
STREET ADDRESS	8810 SW 132 PLACE #206		23 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	- 1-1 an.ac-	2 4 CITY-S	r - ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-S	1 - 21P			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME :			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADORESS			
CITY-ST-ZIP			4.4 CITY - ST	- ZIP		w.,	
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME			4	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - \$1	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS		•	6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST	- ZIP			
14. I do heret	by certify that the information supplied	with this filing does not qua	lify for the exer	nption stated	in Section 119.07(3)(i), Florida Statutes	I further certify that the	

riformation 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.