FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K69299

1. Corporation Name
A.T.E. TRANSFORMER CORP.

Principal Place of Business / Mailing Address
14555 SW 139th Court
Miami, Florida 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: March 1, 1984
3a. Date of Last Report: 1994

2. Principal Place of Business
21 14555 SW 139 Court
22 Suite, Apt. #, etc
23 City & State: Miami, Florida
24 Zip: 33186 25 Country: U.S.A.

2a. Mailing Address
26 14555 SW 139 Court
27 Suite, Apt. #, etc.
28 City & State: Miami, Florida
29 Zip: 33186 30 Country: U.S.A.

4. FEI Number: 521664376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
Miriam Aleman
7212 NW 79 Terrace
Miami, Florida 33166

10. Name and Address of New Registered Agent
81 Name: Francis X. Santana, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 28 West Flagler Street
83 Suite 500
84 City: Miami 85 FL Zip Code: 33130

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: Francis X. Santana DATE: 4/26/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary David J. Cabrera 14555 SW 139 Court Miami, Florida 33186	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Secretary David J. Cabrera 14555 SW 139 Court Miami, Florida 33186 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Francisco M. De Pool 14555 SW 139 Court Miami, Florida 33186	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice President Francisco M. De Pool 14555 SW 139 Court Miami, Florida 33186 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lilian B. De Pool 14555 SW 139 Court Miami, Florida 33186	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Treasurer Lilian B. De Pool 14555 SW 139 Court Miami, Florida 33186 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Adalgisa Cabrera 14555 SW 139 Court Miami, Florida 33186	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	President Adalgisa Cabrera 14555 SW 139 Court Miami, Florida 33186 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 100001531651 -07/07/95--01018--003 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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] President 4/27/95 (305)374-1234
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #