

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L26188** (7)
1. Corporation Name
FGM ELECTRIC CO.



Principal Place of Business Mailing Address
% VALDES FAULI ET AL
TWO S. BISCAYNE BLVD., #3400
MIAMI FL 33131

3. Date Incorporated or Qualified **10/27/1989** 3a. Date of Last Report **06/20/1995**
4. FEI Number **65-0155208** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES FAULI CORPORATE SERVICES, INC.
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131

81 Name **Valdes-Fauli Corporate Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Blvd., #3400
83
84 City **Miami, Florida** FL 85 Zip Code **33131**

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

Signature, typed or printed name of registered agent and title if applicable

Raul J. Valdes-Fauli, V.P.

4/22/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	NICOLINI, LUIS	2 S. BISCAYNE BLVD., #3400	MIAMI FL 33131	<input type="checkbox"/>
D	REGALADO, MANUEL	2 S. BISCAYNE BLVD., #3400	MIAMI FL 33131	<input type="checkbox"/>
D	FARRO, ELMER	2 S. BISCAYNE BLVD., #3400	MIAMI FL 33131	<input type="checkbox"/>
PS	ROJAS, FELIX	2 S. BISCAYNE BLVD., #3400	MIAMI FL 33131	<input type="checkbox"/>
T	ROJAS, INGRID	2 S. BISCAYNE BLVD., #3400	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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

4-8-96 (305) 376-6000

Date

Buy me Phone #

CR2E034 (12/95)