

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 # **L87150**

(3)

1. Corporation Name

**ELECTRONICS-LAS FABRICAS, INC.**

Principal Place of Business

**2300 CORAL WAY  
MIAMI FL 33145**

Mailing Address

**2300 CORAL WAY  
MIAMI FL 33145-3511**

3. Date Incorporated or Qualified

**07/03/1990**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

**21 2300 CORAL WAY**

Suite, Apt #, etc.

**22 # 200**

City & State

**23 MIAMI FLORIDA**

Zip

**24 33145**

Country

**25 US**

2a. Mailing Address

**26 2300 CORAL WAY**

Suite, Apt #, etc.

**27 # 200**

City & State

**28 MIAMI FLORIDA**

Zip

**29 33145**

Country

**30 US**

4. FEI Number

**65-0205385**

Applied For

Not Applicable

6. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$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

**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY  
#200  
MIAMI FL 33145**

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 of 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

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

**AMADA CANTERA LOPEZ, PRES**

(NOTE: Registered Agent signature required when registering)

DATE

**4/23/97**

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE  
NAME **GUTMAN, GENA**  
STREET ADDRESS **115 NE THIRD AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ DELETE  
NAME **GUTMAN, SALOMON**  
STREET ADDRESS **115 NE THIRD AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 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 owner 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, as an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**JB52-97**

**4/23/97**

FILED  
97 MAY -1 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)