

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000674 (0)

1. Corporation Name

**INTERNATIONAL UNION OF ELECTRONICS, ELECTRICAL,
TECHNICAL, SALARIED, MACHINE AND FURNITURE WORKE**



Principal Place of Business

Mailing Address

**9830 SW 49TH STREET
MIAMI FL 33165**

**9830 SW 49TH STREET
MIAMI FL 33165**

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 936 SW 68th AVE

26 936 SW 68th AVE

4. FEI Number

Applied For

☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33144

25 DADE

29 33144

30 DADE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OTERO, JUAN E
9830 SW 49TH STREET
MIAMI FL 33165**

81 Name

OTERO, JUAN, E.

82 Street Address (P.O. Box Number is Not Acceptable)

936 SW 68th AVE

83

84 City

MIAMI

FL

85 Zip Code

33144

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **OTERO, JUAN E**
STREET ADDRESS **9830 SW 49TH STREET**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **V** ☐ DELETE
NAME **SPEER, RALPH V**
STREET ADDRESS **7123 NW 44TH STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **S** ☐ DELETE
NAME **SOTOMAYOR, GUSTAVO**
STREET ADDRESS **1445 W 6TH AVENUE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **S** ☒ DELETE
NAME **KELLY, JAMES**
STREET ADDRESS **6141 SW 16TH STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ DELETE
NAME **WALTERS, JAKE**
STREET ADDRESS **1720 NW 36TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33066**

TITLE **D** ☐ DELETE
NAME **SZANKE, RAYMOND**
STREET ADDRESS **1200 EAST 183RD STREET**
CITY-ST-ZIP **MIAMI FL 33179**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☒ Change ☐ Addition
42 NAME **TRESSURE**
43 STREET ADDRESS **LEWIS IRA**
44 CITY-ST-ZIP **11001 NW 20ST**
PEMBROKE PINES FL 33026

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, 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

JUAN E. OTERO

Date

1-28/96 305 260 5353

Daytime Phone #

CR2