

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

**936 SW 68TH AVE.
MIAMI FL 33144****936 SW 68TH AVE.
MIAMI FL 33144-4717**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/08/1995	3a. Date of Last Report 02/16/1996
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, JUAN E	1.2 NAME	
STREET ADDRESS	9830 SW 49TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEER, RALPH V	2.2 NAME	
STREET ADDRESS	7123 NW 44TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTOMAYOR, GUSTAVO	3.2 NAME	
STREET ADDRESS	1445 W 6TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, IRA	4.2 NAME	
STREET ADDRESS	11001 NW 20 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, JAKE	5.2 NAME	
STREET ADDRESS	1720 NW 36TH TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33066	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZANKE, RAYMOND	6.2 NAME	
STREET ADDRESS	1200 EAST 183RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	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 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: **JUAN E. OTERO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 9/1997 305 260-5353

Date

Daytime Phone # 0080257

CR2E037 (9/96)