

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 14 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P93000014288 (3)**

1. Corporation Name  
**J & R MARINE ELECT., INC.**



Principal Place of Business

**8754 SW 8TH ST  
MIAMI FL 33174**

Mailing Address

**8754 SW 8TH ST  
MIAMI FL 33174-3201**

2. Principal Place of Business

21 Site, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Site, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

~~ROUGO, JOSE  
350 SW 105 PLACE  
MIAMI FL 33174~~

3. Date Incorporated or Qualified  
**02/25/1993**

3a. Date of Last Report  
**04/26/1996**

4. FEI Number  
**65-0391553**

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

10. Name and Address of New Registered Agent

81 Name **RAUL ARMENGOL**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6350 S.W. 4th STREET**

84 City **MIAMI**

85 Zip Code **FL 33144**

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]*  
Signature of registered office and agent and, if applicable, (NOTE: The registered Agent's signature required when re-registering)

**1/4/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>ROUGO, JOSE</del>	
STREET ADDRESS	<del>350 SW 105 PLACE</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ARMENGOL, RAUL	
STREET ADDRESS	6350 SW 4 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P RAUL ARMENGOL	
13 STREET ADDRESS	6350 S.W. 4TH STREET	
14 CITY-ST-ZIP	MIAMI FL 33144	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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]* **1/4/97 305-553-4332**

CR2E034 (9/96)