

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
2nd Street
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
4/10/95
4/10/95

1. Corporation Name: **LENSON ELECTRIC CORP.**
DOCUMENT # **P93000025961 (2)**

55 MAY - 1 PM 2:00

Mailing Address: **2502 S.W. 128th Ave.
Miami, FL 33175**
Principal Place of Business: **Suite 330
9990 S.W. 77th Ave.
Miami, FL 33156-2699**

300001504413
-06/02/95--01027--001
****200.00 ****200.00

If above addresses are incorrect in any way, file through nearest information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	4. FEI Number	3. Date incorporated or qualified	3a. Date of last report
21	26	65-0414651	4/8/93	3/22/94
State, Apt. # etc.	State, Apt. # etc.	Applied For		
22	27	Not Applicable		
City & State	City & State	5. Certificate of Status Desired	6. Total Corporate	
23	28	SB-75/Additional fee required	Not Applicable	
Zip	Country	7. Nonprofit Exempt from \$198.75 Supplemental Fee	\$5.00 May Be Added to Fees	
24	29	8. This corporation has liability for intangible tax under S. 199.032.		
		Yes ☐ No ☐		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
John A. Margolis, Esq. Suite 330, 9990 S.W. 77th Avenue Miami, FL 33156-2699	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 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when changing agent)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P/D	11. TITLE	
12. NAME	Salazar, Leonard, E.	12. NAME	
13. STREET ADDRESS	2502 SW 128th Ave.	13. STREET ADDRESS	
14. CITY, ST, ZIP	Miami, FL 33175	14. CITY, ST, ZIP	
21. TITLE	VP	21. TITLE	
22. NAME	Salazar, Luisa	22. NAME	
23. STREET ADDRESS	2502 SW 128th Ave.	23. STREET ADDRESS	
24. CITY, ST, ZIP	Miami, FL 33175	24. CITY, ST, ZIP	
31. TITLE		31. TITLE	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST, ZIP		34. CITY, ST, ZIP	
41. TITLE		41. TITLE	
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY, ST, ZIP		44. CITY, ST, ZIP	
51. TITLE		51. TITLE	
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY, ST, ZIP		54. CITY, ST, ZIP	
61. TITLE		61. TITLE	
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption status under Section 119.07(1)(a), Florida Statutes. I declare that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall give the same legal effect as if I were personally empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or as an attachment with an address.

SIGNATURE: Leonard E. Salazar, President 4/10/95 305/227-1050