

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000025961 (2)

1. Corporation Name

LENSON ELECTRIC CORP.

Principal Place of Business

12821 SW 128TH AVE
MIAMI FL 33175

Mailing Address

3171 SW 133RD PL
MIAMI FL 33175
US

FILED
Apr 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1993

4. FEI Number

65-0414651

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

SALAZAR, LEONARD E JR
3171 SW 133RD PL
MIAMI FL 33175

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, 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, 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	PD	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, LEONARD E	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
STREET ADDRESS	3171 SW 133RD PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, LUISA	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	3171 SW 133RD PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/98

305-227-1050

Daytime Phone # 0243263

CR2E034 (10/97)