

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

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**Apr 21 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 # P93000029672 (1)
1. Corporation Name
ONE WAY ELECTRIC, INC.



Principal Place of Business: **1941 SW 90TH AVE MIAMI FL 33165**
Mailing Address: **1941 SW 90TH AVE MIAMI FL 33165-8245**

2. Principal Place of Business 21 2910 SW 121 Ave Suite, Apt. #, etc.		2a. Mailing Address 26 2910 SW 121 Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/22/1993	3a. Date of Last Report 03/26/1996
22 City & State Miami, FL		27 City & State Miami, FL		4. FEI Number 65-0407647	Applied For <input type="checkbox"/> Not Applicable
23 Zip 33175	25 Country Dade	28 Zip 33175	29 Country Dade	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent GARCIA, ORESTES C 1941 SW 90TH AVE MIAMI FL 33165				10. Name and Address of New Registered Agent	
				81 Name Same as block 9	
				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]* **Orestes C Garcia** President DATE: **3-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ORESTES C	1.2 NAME	
STREET ADDRESS	1941 SW 90TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIA A	2.2 NAME	
STREET ADDRESS	1941 SW 90TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINE, LESTER E	3.2 NAME	
STREET ADDRESS	13025 NW 15TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ORESTES L	4.2 NAME	
STREET ADDRESS	10874 S.W. 2 ST., APT. 212	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]* **Orestes C Garcia** 3-15-97 (30) 226-1555

CR2E034 (9/96)