FILE NOW: FILING FEE AFTER MAY 1 IS $550:00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Jan 27 1997 8:00 am
Secretary of State

DOCUMENT # **P 93000084251**

1. Corporation Name
Light Circuit Breaker, Inc.

Principal Place of Business	Mailing Address
2503 S.W. 27th. Ave. Miami, FL. 33133	2503 S.W. 27th. Ave. Miami, FL. 33133

3. Date Incorporated or Qualified: Dec. 3, 1993
3a. Date of Last Report: 1996

2. Principal Place of Business	2a. Mailing Address
21 2503 S.W. 27th. Ave.	26 2503 S.W. 27th. Ave.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Miami, FL.	City & State 28 Miami, FL.
Zip / Country 24 33133 / 25 USA	Zip / Country 29 33133 / 30 USA

4. FEI Number: 65-0488466 ☐ 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

9. Name and Address of Current Registered Agent

Oscar Vila-Masot
2503 S.W. 27th. Ave.
Miami, FL. 33133

10. Name and Address of New Registered Agent

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	President & Director Oscar Vila-Masot 2503 S.W. 27th. Ave. Miami, FL. 33133 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Director Javier Vila 2503 S.W. 27th. Ave. Miami, FL. 33133 ☐ DELETE	21 TITLE T 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Javier Vila 2503 S.W. 27th. Ave. Miami, FL. 33133
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Director Frank Condom 2134 N.W. 99th. Ave. Miami, FL. 33172 ☒ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V/P NAME STREET ADDRESS CITY-ST-ZIP	Exec. Vice President Angel F. Condom 2134 N.W. 99th. Ave. Miami, FL. 33172 ☒ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dr. Jose R. Gomez 11 E. DiLido Drive Miami Beach, FL.33139 ☒ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition 1/27 jr
TITLE V/P NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dr. Angel Prado 2134 N.W. 99th. Ave. Miami, FL. 33172 ☒ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition 700002069267 -01/27/97--01010--058 ***165.00

CR2E034 (9/96)

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: O. Vila 1/20/97 305-856-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OSCAR VILA-MASOT, PRESIDENT.