FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1997

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

FILED
Jan 28 1997 8:00 am
Secretary of State

DOCUMENT # P93000084251

1. Corporation Name: Light Circuit Breaker, Inc.

Principal Place of Business: 2134 N.W. 99 Avenue, Miami, FL 33172

Mailing Address: 2134 N.W. 99 Avenue, Miami, FL 33172

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/3/1993

3a. Date of Last Report: 1/19/1995

2. Principal Place of Business — 21: 2134 N.W. 99 Avenue; 22: Suite, Apt. #, etc.; 23: City & State: Miami, FL; 24: Zip: 33172; 25: Country: USA

2a. Mailing Address — 26: 2134 N.W. 99 Avenue; 27: Suite, Apt. #, etc.; 28: City & State: Miami, FL; 29: Zip: 33172; 30: Country: 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. 27 Avenue
Miami, FL 33133

10. Name and Address of New Registered Agent
81 Name: Angel Condom
82 Street Address (P.O. Box Number is Not Acceptable): 2134 N.W. 99 Avenue
83
84 City: Miami — FL — 85 Zip Code: 33172

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: ANGEL CONDOM X — 1/21/97 DATE
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Angel Condom 2134 N.W. 99 Avenue Miami, FL 33172	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	Dr. Jose R. Gomez 11 E. Dilido Drive Miami Beach, FL 33139	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Angel Prado, M.D. 2134 N.W. 99 Avenue Miami, FL 33172	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition VB 1-28
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002072306 -01/29/97--01009--024 ***165.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X — 1/21/97 — (305)594-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGEL CONDOM