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	Mailing Address
2134 N.W. 99 Avenue Miami, FL 33172	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	2a. Mailing Address
21 2134 N.W. 99 Avenue	26 2134 N.W. 99 Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33172 / Country 25 USA	Zip 29 33172 / Country 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. 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)
83 2134 N.W. 99 Avenue
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 ✗ 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	11 TITLE 12 NAME 13 STREET ADDRESS 14 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	21 TITLE 22 NAME 23 STREET ADDRESS 24 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	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition VB 1-28
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 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: ✗ 1/21/97 (305)594-2015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANGEL CONDOM