

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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

FILED
97 JUL -9 PM 2:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12-3-1993		3a. Date of Last Report 1-21-97	
2. Principal Place of Business 21 2134 N.W. 99 Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 2134 N.W. 99 Avenue Suite, Apt. #, etc.	
22 City & State 23 Miami, FL		27 City & State 28 Miami, FL	
24 Zip 33172		25 Country USA	
29 33172		30 USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 DATE 6/18/97
Signature typed or printed name of registered agent and date of signature NOTE: Registered Agent signature required when reappointing

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	<input type="checkbox"/> Change <input type="checkbox"/> 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	700002233567--8 <input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Ernest Rafael Arias 2134 N.W. 99 Avenue Miami, FL 33172	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is true and accurate 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: V

6/18/97 (305)594-2015

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ARNALDO VÉLEZ, P.A.

ARNALDO VÉLEZ
ATTORNEY AT LAW

255 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

TELEPHONE: (305) 461-9499
TELECOPIER: (305) 461-9498

July 8, 1997

Secretary of State
State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Light Circuit Breaker, Inc.,

Gentlemen:

It has come to our attention that a usurper has been filing bogus annual returns with your office to indicate that he is the shareholder, director and officer of the corporation. We refer to the filing last made on March 26, 1997. Your records will reveal our earlier filing dated January 28, 1997, a copy of which is attached.

The result of the March 26, 1997, filing by Mr. Oscar Vila Masot has been to create confusion in the public mind. We are therefore filing an additional annual return that we request be deemed filed and for which our client not be charged the late filing fee of \$550.00. The fee has already been paid when the filing was made on January 28, 1997. We are nonetheless submitting an annual fee.

We are requesting that your office not honor any further filings this year.

Very truly yours,


ARNALDO VÉLEZ

AV/gv
Enclosures



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 456282 7119558

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 113.75

ORDER DATE : July 9, 1997

ORDER TIME : 11:56 AM

ORDER NO. : 456282-010

CUSTOMER NO: 7119558

CUSTOMER: Georgina Valdes, Legal Asst
Arnaldo Velez, P.a.
255 University Drive

Coral Gables, FL 33134

ANNUAL REPORT FILING

NAME: LIGHT CIRCUIT BREAKER, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

RECEIVED
97 JUL -9 PM 1:16