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

APPROVED AND FILED

1997 AUG 15 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

DOCUMENT # P 93000084251

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: 1997

2. Principal Place of Business: 2503 S.W. 27th. Ave.
2a. Mailing Address: 2503 S.W. 27th. Ave.
Suite, Apt. #, etc.:
City & State: Miami, FL.
Zip: 33133
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. 27th. Ave.
Miami, FL. 33133

10. Name and Address of New Registered Agent

81 Name: Oscar Vila-Masot
82 Street Address (P.O. Box Number is Not Acceptable): 2503 S.W. 27th. Ave.
83
84 City: Miami FL 85 Zip Code: 33133

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] [signature] 7-10-97
Signature, typed or printed name of registered agent and title, if applicable — (Required) Registered Agent 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 600002250026---2 -07/29/97--01027--005 *****61.25 *****61.25
TITLE S/D/T NAME STREET ADDRESS CITY-ST-ZIP	Secretary Direc. Treasurer Javier Vila 2503 S.W. 27th. Ave. Miami, FL. 33133 ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	President & Director Angel Condom 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ DELETE	31 TITLE P/D 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	President & Director Angel Condom 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ Change ☐ Addition
TITLE S/D NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director Dr. Jose R. Gomez 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ DELETE	41 TITLE S/D 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Secretary, Director Dr. Jose R. Gomez 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Director Angel Prado, MD 2134 N.W. 27th. Ave. Miami, Fl. 33133 ☒ DELETE	51 TITLE D 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Director Angel Prado, MD 2134 N.W. 27th. Ave. Miami, Fl. 33133 ☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Director Ernest Rafael Arias, MD 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ DELETE	61 TITLE D 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	Director Ernest Rafael Arias, MD 2134 N.W. 27th. Ave. Miami, FL. 33133 ☒ Change ☐ Addition

SCC 8-15-97

14. I 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] [signature] 7-10-97 305-856-5222.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #