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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(1)

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT #P93000084251

1. Corporation Name
LIGHT CIRCUIT BREAKER, INC.

Principal Place of Business
Light Circuit Breaker,Inc.
2134 NW 99th. Avenue
Miami, Fl 33172

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/03/93

2. Principal Place of Business
21 2134 NW 99th AVENUE
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33172
25 Country: USA

2a. Mailing Address
26 2134 NW 99th 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Vila-Masot, Oscar
2503 S.W. 27th Ave.
Miami, Fl 33133 US

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

11. Pursuant to the provisions of Section 607.0500 and 607.1908, 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 (Registered Agent Signature required for Agent changes) DATE: 4/8/98

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONDOM, ANGEL 2134 N.W. 99th AVE. MIAMI, FL 33172 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOMEZ, JOSE R DR 2134 N.W. 99th AVE. MIAMI, FL 33172 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	100002495251--6 -04/21/98--01056--003 *****88.75 *****88.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRADO, ANGEL MD 2134 N.W. 99th AVE. MIAMI, FL 33172 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	100002495251--6 -04/21/98--01056--004 *****61.25 *****61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARIAS, ERNEST R MD 2134 N.W. 99th AVE. MIAMI, FL 33172 ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: 4/08/98 (305)594-2015

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #