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Secretary of State

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, FLORIDA 33172

Mailing Address
LIGHT CIRCUIT BREAKER, INC.
2134 NW 99th. AVENUE
MIAMI, FLORIDA 33172

Amend

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address
26 2134 NW 99th. AVENUE
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FLORIDA
Zip 29 33172 Country 30 USA

3. Date Incorporated or Qualified
12/03/93

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
ANGEL F. CONDOM, Esq.
2134 NW 99th. AVENUE
MIAMI, FLORIDA 33172

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box number is not acceptable)
83
84 City 85 Zip Code FL

11. Pursuant to the provisions of Section 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 F. CONDOM 4/29/98
(Typed or Printed Name of Registered Agent and Signature of Registered Agent Required for Reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	CONDOM, FRANK CHAIRMAN OF THE BOARD 2134 NW 99th. AVE. MIAMI, FL 33172 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	CONDOM, ANGEL F. 2134 NW 99th. AVE. MIAMI, FL 33172 ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GOMEZ, JOSE R DR. 2134 NW 99th. AVE. MIAMI, FL 33172 ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PRADO, ANGEL MD. 2134 NW 99th. AVE. MIAMI, FL 33172 ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ARIAS, ERNEST R. MD. 2134 NW 99th. AVE. MIAMI, FL 33172 ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CONDOM, DORIS 2134 NW 99th AVE. MIAMI, FL 33172 ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	000025541 ☒ Change ☐ Addition -06/10/98--01043--021 ***61.25

14. I hereby certify that the corporation named in this report is not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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 added above.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/98 (305)594-2015
Date Daytime Phone #

CR2E034 (10/97)