

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

PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000010983 (2)

1. Corporation Name

ELECTROMECHANICAL TRADE CORPORATION



Principal Place of Business

**15400 SOUTHWEST 108 AVENUE
MIAMI FL 33157**

Mailing Address

**15400 SOUTHWEST 108 AVENUE
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURILLO, JORGE
15400 SW 108TH AVE
MIAMI FL 33157**

81 Name

Ameri Lawyer

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave

D.K. SG.

83

84 City

Coral Gables

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607 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 provisions of Chapter 607, Florida Statutes.

SIGNATURE By:

[Signature], Vice President

4/30/ 96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**P MURILLO, MAGDALENA L
15400 SOUTHWEST 108 AVENUE
MIAMI FL 33157**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VP MURIELLO, JORGE,
15400 SW 108TH AVE
MIAMI FL**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

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☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33**

☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

*VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33*

☒ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

*VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33*

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

*VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33*

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

*VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33*

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

*VPID Maria T. Castro
15314 S.W. 109 AVE.
Miami FL 33*

☐ Change ☐ Addition

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date: Daytime Phone: #

CR2E034 (12/95)