3/ DOCUMENT # P94000010983

ELECTROMECHANICAL_TRADE CORPORATION

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Zip

ed agent and title if applicable

Suite, Apt. #, etc.

15400 SOUTHWEST 108 AVENUE MIAMI FL 33157

2. Principal Place of Business

amenilawy**e**r

343 ALMERIA AVE. CORAL GABLES FL 33134

Suite, Apt. #, etc.

City & State

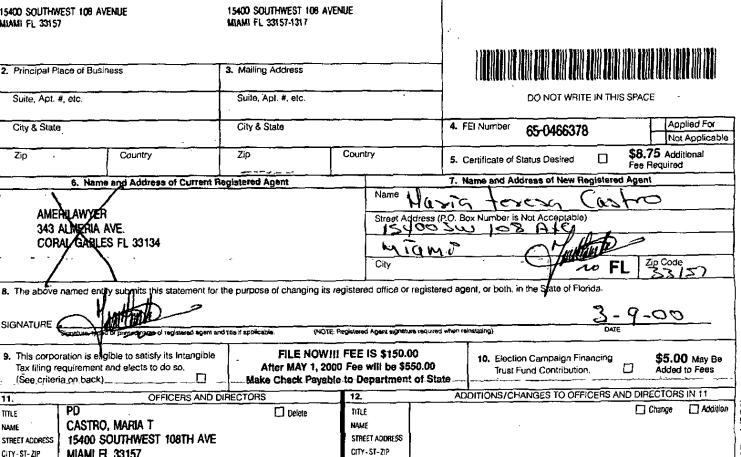
Zip

SIGNATURE .

15400 SOUTHWEST 108 AVENUE MIAMI FL 33157-1317

FILED Apr 11, 2000 8:00 am Secretary of State

03-14-2000 90042 027 ***150.00



9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees
11.			12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, MARIA T 15400 SOUTHWEST 108TH AVE MIAMI FL 33157	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURILLO, CARMEN 15400 SW 108TH AVE MIAMIÈFE 33157	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9	☐ Change	Addition
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	TD CASTRO, MARIA T 15400 SOUTHWEST 108 AVENUE MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addilion
TITLE NAME STREET ADORESS CSTY-ST-ZIP		☐ De/ete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with thi	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Change	Addition Addition

Country

City

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: