FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000039624 (9)

GRADIENTE ELECTRONICS INC.

Principal Prace of Business 2655 LE JEUNE ROAD. SUITE 1107 Mailing Address

2855 LE JEUNE ROAD. SUITE 1107

FILED May 07 1997 8:00am Secretary of State



CORAL GABLES FL 33134	CORAL GABLES FL 33134	5802		
			3. Date Incorporated or Qualified 05/23/1994	3a. Date of Last Report 04/02/1996
2. Principal Place of Business	2a. Mailing Address	,	4. FEI Number	Applied For
21	26		65-0500067	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 25	29	30		Yes No
g. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	Istered Agent
MIR, HECTOR J		81 Name		
2655 LE JEUNE ROAD, SUITE 110)7	82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
CORAL GABLES FL 33134		63		
		84 City		85 Zip Code
		1 1		FL T
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Staggert. I am familiar with, and accept the ob SIGNATURE. 	ate of Florida. Such change was a ligations of, Section 607.0505, Florida Statut Provided the statut of the statut	es, the above-hamed corporate authorized by the corporate orida Statutes.	tion's board of directors. I hereby accep	t the appointment as registered
Signature: typed or printed name of registered	agent and little if applicable (NOT	f: Registered Agent signature requir	red when reinstating)	DATE
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME FILHO, EUGENIO E.S.	110.04	1.2 NAME		
STREET ADDRESS RUA DR. FERNANDES COE		1.3 STREET ADDRESS		
SAO PAULO - S.P. 05423-91	·	1.4 CITY-ST-ZIP		TALLS:
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2 2 NAME		
STREEL ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4. CITY-ST-ZIP		
TIME	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STHEET ADDRESS		4.3 STREET ADDRESS		
City+St-ZiP		4.4 CITY-ST-ZIP		
THEF	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY - ST - ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY+S1+ZIP	······································	6.4 CITY-ST-ZIP		

14. I do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(305) 444-0460