

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

FILED

Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000048137 (1)**

1. Corporation Name

**ELECTRO-ACTEL, INC.**

Principal Place of Business <b>7223 N.W. 54TH STREET MIAMI FL 33166</b>		Mailing Address <b>7223 N.W. 54TH STREET MIAMI FL 33166</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	Country	28 Zip	Country
<b>25</b>	<b>29</b>	<b>30</b>	

9. Name and Address of Current Registered Agent

**PAIVA, LEO  
7223 N.W. 54TH STREET  
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1994</b>	4. FEI Number <b>65-0509188</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10. Name and Address of New Registered Agent	
	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 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

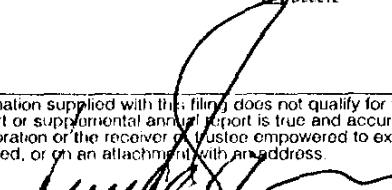
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROSO, FRANCISCO		1.2 NAME	
STREET ADDRESS	7223 N.W. 54TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-ST-ZIP	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LACIO FICHO, MATHEUS		2.2 NAME	
STREET ADDRESS	7223 N.W. 54TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROSO, LEA LESSA		3.2 NAME	
STREET ADDRESS	7223 N.W. 54TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIVA, LEO		4.2 NAME	
STREET ADDRESS	7223 N.W. 54TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/98 (305)883-4774  
Daytime Phone # 0234570

CR2E034 (1097)