

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

FILED

**Mar 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000048137 (1)
1. Corporation Name
ELECTRO-ACTEL, INC.



Principal Place of Business 7223 N.W. 54TH STREET MIAMI FL 33166	Mailing Address 7223 N.W. 54TH STREET MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1994	
21	22	26	27	4. FEI Number 65-0509188	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAIVA, LEO 7223 N.W. 54TH STREET MIAMI FL 33166				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (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 checked="" 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				

D/S
PAIVA LEO
7223 N.W. 54th ST
MIAMI FL 33166

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 supplementary 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: _____ Date: **3/5/98** Daytime Phone #: **(305) 883-4774**

CR2E034 (10/97)