SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 **DIVISION OF CORPORATIONS DOCUMENT #** P94000084243 (2) ELECTRA-FLO SYSTEMS, INC. Principal Place of Business Mailing Address MIAMI EL 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1994 08/01/1995 2. Principal Place of Business 4. FEI Number Applied For 12053 S.W 65-0556717 26 Not Applicable Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City 8 6. Flection Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 29 9. Name and Address of Current Registered Agent 81 Name CANAL, PEDRO 220 S.W. 136TH AVENUE Street Address (PO. Box Number is Not Acceptable) 82 **MIAMI FL 33184** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607 1508, Florida Statutes, the above-named corporation submits tris statement for the purpose of changing its registered office or registered agent 1 am favrilliar 1.2 and accept the Alligations of Section 607,0505. Storida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change Addition CANAL, PEDRO NAME 1.2 NAME **CR2E034** 220 S.W. 136TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33184** CITY-ST-ZIP 1.4 CHIY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - \$1 - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP MLE DELETE 4.1 DELE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST. ZIP TITLE DELETE 61 THLE Change Adultion NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP € 4 CITY - ST - 7#P 14. Ido 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 early, that I am ag of certify the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name app changed, or on an attachment with an address 15/96 (305)234-9588 SIGNATURE: