

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PERCENT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000003816 (2)**

**J. ELECTROMIC INTERNATIONAL, CORP.**



11297 SW 11 STREET  
PEMBROKE PINES FL 33025

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PEMBROKE PINES FL 33025

2. Principal Office Address  
21. City  
22. State  
23. Zip  
24. Name and Address of Current Registered Agent  
25. Name  
26. Address  
27. City  
28. State  
29. Zip  
30. County

3. Date Incorporated or Organized: **01/13/1995**  
3a. Date of Last Report  
4. FLE Number: **65-0548534**  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
Applied For Not Applicable  
**\$8.75 Additional Fee Required**  
**\$5.00 May Be Added to Fees**

**ZAMBRANO, JORGE E**  
11297 SW 11 STREET  
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address, P.O. Box Number, Not Acceptable  
83.  
84. City  
FL 85. Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the address herein set forth in Florida Statutes, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

12. OFFICERS/DIRECTORS  
PTD ZAMBRANO, JORGE E 11297 SW 11 STREET PEMBROKE PINES FL 33025 VSD GOYES, JUAN C 11297 SW 11 STREET PEMBROKE PINES FL 33025

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
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14. I, the undersigned, certify that the information given in this report is true and correct and does not qualify for the exemption stated in Section 119.07(9)(c), Florida Statutes. I further certify that this report is true and correct and does not qualify for the exemption stated in Section 119.07(9)(c), Florida Statutes. I further certify that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Florida Franchise Disclosure Document for the corporation named herein.

SIGNATURE: *X*   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 (008)610-1205

CR2E034 (12/95)