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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

. P95000049032 (2)

INTERNATIONAL ELECTRIC CORPORATION

Principal Place of Business

Mailing Address



| 802 E. 17TH STREET HIALEAH FL 33010 | | | 802 E. 17TH STREET HIALEAH FL 33010 | | | |
|---|--|--------------------------------------|--|-----------------------|---|------------------------|
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Re | eport |
| 2. Principal Place of Business | | 2a. Mailing Add | a. Mailing Address | | | pplied For |
| 21 | | 26 | 6 | | (65-0593848) | lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. # | Suite, Apt. #, etc. | | | Additional Required |
| City & State | | | City & State | | | |
| 23 | | 28] | | | Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Count | ry | 8. This corporation has liability for intangible tax under s | 199.032, |
| 24 | 25 | [29] | [30] | | Florida Statutes X Yes No | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81. Name | | | | | | |
| A | III. A. 15.6.6.6.6 | | ٥ | 1 Name | | |
| | ra, Juan 17th Street | | 82 Street Add | | dress (P.O. Box Number is Not Acceptable) | |
| | NH FL 33010 | | B | 3 | | |
| ì | | | 8 | 4 City | FL 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 | | | | | | |
| 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 | Signature, typed or printed name of regist | ared agent and little if applicable. | (NOTL: Registered Ap | ent signature require | ad when reinstating) DATE | |
| 12. | | RS AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR | RS IN 12 |
| THLE / | PD | ☐ DEI | | E | Change | Addition |
| NAME V | CABRERA, JUAN | | 1.2 NAM | E | | |
| STREET ADDRESS 802 E. 17TH STREET | | • | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LUST PALL PL 00040 | | 1.4 Cliy-Si-ZiP | | | |
| TITLE | SD | T DEI | | | □ Chanoe | Addition |
| NAME | CABRERA, GLADYS | | 2.2 NAME | | L. onango | L Modulet |
| | STREET ADDRESS 802 E. 17TH STREET | | 2.3 STREET ADDRESS | | | |
| INTERNITE ANALA | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZP | | | |
| CITY-ST-ZIP | TIMELATTIC 00010 | DEC | | | Change | Addition |
| TITLE | | | | | . Change | L Modition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | רייז הרו | 3.4 CITY | | | T Address |
| TITLE | | DEI | | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAM | | | |
| STREET ADDRESS | | | 4.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY | | | |
| TITLE . | | ☐ DEL | | | 7000018124 B [.] **** -05/08/9601008012 | ☐ Addition |
| NAME | | | 52 NAM | E | -05/08/9601008012 | |
| STREET ADDRESS | | | 5 3 STRE | ET ADDRESS | ***225,00 | |
| CITY-ST-ZIP | | | 5 4 CITY | - S1 - ZIP | | |
| TITLE | | DEL | ETE 6 1 TITL | E | ☐ Change | Addition |
| NAME | | | 62 NAM | £ | | 32. |
| STREET ADDRESS | | | 63 STRE | ET ADDRESS | | 12.l |
| CITY-ST-ZIP | | | 6.4 CITY | - ST - ZIP | | つ ` |
| | v certify that the information su | unplied with this filing is volun | | | for the exemption stated in Section 119 07(3)(k). Florida Statute | os 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 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 changed, or on an attachment with an address.

SIGNATURE: ___

NG OFFICER OB DIRECTOR

APR.11,1996 305 885-3102