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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000076581 (4)

I E C & WHOLESALE, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Addre			s				
5920 S.W. 831		5920 S.W. 83RD AVENUE					
MIAMI FL 33143		MIAMI FL 33143				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/06/1995	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0618270 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional	
22		27	!7			5. Certificate of Status Desired Fee Required	
City & State		City & State				Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
- Zip	Country	Zip		untry		This corporation owes or has paid the current year Intangible	
24	25 A Name and Address of Current	29 Begintered Agent	30	<u> </u>		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent					Name	——————————————————————————————————————	
VARONA, JESUS R 4541 S.W. 154TH PLACE							
· ·	WI FL 33185		Į e		82 Street Address (P.O. Box Number is Not Acceptable)		
tion.	WW 1 E 00 100			83			
				84	City	FL 85 Zip Code	
11. Pursuant I	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	above	-named	ed corporation submits this statement for the purpose of changing its registered	
office or re agent. Lar	egistered agent, or both, in the State on tamiliar with, and accept the obligat	of Florida Such change was tions of Section 607 0505. F	authorize lorida Sta	ed by stutes	the corp	orporation's board of directors. I hereby accept the appointment as registered	
·							
SIGNATURE Signature, typied or printed name of registered agent and tell of apolicitable (NOTE Registered Agent sign					nt signature		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD EEDMANDEZ CALIETINO	DELETE		1.1 TITLE		Change Addition	
NAME	FERNANDEZ, FAUSTINO 5920 S.W. 83RD AVE.		1.2 NAME		1		
STREET ADDRESS	MIAMI FL 33143		1.3 STREET		- 1	;	
CITY-ST-ZIP TITLE	VD VD	DELETE		1.4 CITY - ST - ZiP		P/S , X Change Addition	
NAME	VARONA. JESUS R	נים מניניוני		2.2 NAME		P/S VARONA, JESUS R. S 4541 S.W. 154 PL MIAMI - FL 33185	
STREET ADDRESS	4541 S.W. 154TH PLACE		1	2.3 STREET ADDRESS		Writt 6 11 164 Pl.	
CITY-ST-ZIP	MIAMI FL 33185		•	2 4 CITY-ST-ZIP		19991 3.00 131	
TITLE		DELETE		3 1 TITLE		Change Addition	
NAME				3.2 NAME			
STREET ADDRESS					address (s	
CITY-ST-ZIP	-			CITY - S	1		
TITLE		DELETE		4 1 TITLE		Change Addition	
NAME			4 2 1	NAME	ļ		
STREET ADDRESS			4.3 \$	STREET	ADDRESS	\$	
CITY-ST-ZIP			4.4.0	CITY-ST	r-ZIP		
TITLE		☐ DELETE	5.1 T	5.1 TITLE		Change Addition	
NAME			52 N	IAME	(
STREET ADDRESS			5.3 9	STREET.	ADDRESS	\$ 	
CITY-ST-ZIP				XTY-51	- ZIP		
TITLE		1		ITLE		☐ Change ☐ Addition	
NAME				IAME	j		
STREET ADDRESS				_	ADDRESS {		
CITY-ST-ZIP		Carrie Ration Black Clark 1997	640	HTY-ST	r-ZIP	the Control of Control	

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 changes or on an attachment with an address.

FINTED NAME OF SIGNING OFFICER OR DIRECTOR VARONA 4-21-98

Daytime Phone # 0205414