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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000055122 (1)

1. Corporation Name  
A-1 ETRON OF SOUTH FLORIDA INC.

Principal Place of Business  
11072 S.W. 65TH ST.  
MIAMI FL 33173

Mailing Address  
11072 S.W. 65TH ST.  
MIAMI FL 33173-2033



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1996		3a. Date of Last Report	
21 5661 SW 8ST		26 5661 SW 8ST		4. FEI Number 65-0675666		Applied For Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State MIAMI FL		28 City & State MIAMI FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33134		25 Country USA		29 Zip 33134		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CABEZAS, LAZAO J  
11072 S.W. 65TH ST.  
MIAMI FL 33173

81 Name LAZARO I. CABEZAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
11072 SW 65 ST  
83  
84 City MIAMI FL 85 Zip Code 33173

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: [Signature] DATE: 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	
NAME	LAZARO I. CABEZAS	1.2 NAME	
STREET ADDRESS	11072 SW 65 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	2.1 TITLE	
NAME	LAZARO M. CABEZAS	2.2 NAME	
STREET ADDRESS	11072 SW 65 ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/29/97 (305) 264-4652

CR2E034 (9/96)