07/17/1997 16:27 904-681-6011 UCC SERVICES INC

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Aug 13 1997 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000055122

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

Principal Place of Business	Mailing Address
5661 S.W. 8th Street Miami, Florida 33134	5661 S.W. 8th Street Miami, Florida 33134

3. Date Incorporated or Qualified: June 28, 1996
3a. Date of Last Report: May 8, 1997

2. Principal Place of Business	2a. Mailing Address
21 5661 S.W. 8th Street	26 5661 S.W. 8th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Florida	28 City & State: Miami, Florida
24 Zip: 33134 — 25 Country: USA	29 Zip: 33134 — 30 Country: USA

4. FEI Number: 65-0675666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAZARO M. CABEZAS
11072 S.W. 65th Street
Miami, Florida 33173

10. Name and Address of New Registered Agent

31 Name: LAZARO M. CABEZAS
32 Street Address (P.O. Box Number is Not Acceptable): 11072 S.W. 65th Street
33 Miami, Florida 33173
34 City: FL 35 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ 07/18/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President LAZARO I. CABEZAS 11072 S.W. 65th Street Miami, Florida 33173	☒ DELETE	President LAZARO M. CABEZAS 11072 S.W. 65th Street Miami, Florida 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President LAZAO J. CABEZAS 11072 S.W. 65th Street Miami, Florida 33173	☒ DELETE	Vice-President LAZARO I. CABEZAS 11072 S.W. 65th Street Miami, Florida 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	Secretary LILIA CABEZAS 11072 S.W. 65th Street Miami, Florida 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition

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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: ______ 07/18/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LAZARO M. CABEZAS, President

CR2E034 (9/96)