

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055122 (1)

1. Corporation Name

A-1 ETRON OF SOUTH FLORIDA INC.

Principal Place of Business

5661 SW 8TH STREET
MIAMI FL 33134
US

Mailing Address

5661 SW 8TH STREET
MIAMI FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

CABEZAS, LAZARO I.

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

2/28/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CABEZAS, LARARO M
STREET ADDRESS 11072 SW 65 STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME CABEZAS, LAZAO I
STREET ADDRESS 11072 S.W. 65TH ST.
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME CABEZAS, LILIA
STREET ADDRESS 11072 S.W. 65TH STREET
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME VP CABEZAS, LAZARO I.
STREET ADDRESS 11072 SW 65 Street
CITY-ST-ZIP Miami, FL 33173

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

2/14/98

(305) 264-4652

CR2E034 (10/97)