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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095714 (7)

FEDERAL ELECTRONIC, CORP.

Principal Place of Business

Mailing Address

FILED May 13 1998 8:00am Secretary of State



117 N.E. 1ST STREET 117 N.E. 1ST STREET MIAM! FL 33132 MIAMI FL 33132 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/22/1996 inclust Place of Business 2a, Mailing Address 4. FFI Number Applied For 65-0710679 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip $Z_{\rm IP}$ Country Country 8. This corporation owes or has paid the current year Intengible ☐ Yes 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PEREDA, JULIO . 2169 SW 12 STREET 82 **MIAMI FL 33135** 83 R4 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE PEREDA, JULIO C NAME 1.2 NAME -2169 SW 12 ST 1.3 STREET ADDRESS STREET ADDRESS 3314 / MIAMI FL-33135 CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE Change Addition 21 TITLE TITLE PEREDA, CATALINA NAME 2.2 NAME -2109 SW 12 STREET 2.3 STREET ADDRESS STREET ADDRESS 33/4/ MIAMI FL 88135 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(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 true to empowered to execute this report as required by Chapter 60f. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in on an attachment with in address.