


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90002 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021059

1. Corporation Name
TOWER ELECTRONICS CORP.



Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/07/1997		4. FEI Number 65-0736888		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 7220 N.W. 36th ST	2a. Mailing Address 26 7220 N.W. 36th ST.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Suite, Apt. #, etc. 22 Suite # 308	Suite, Apt. #, etc. 27 Suite # 308	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA			
Zip 24 33166	Country 25 U.S.A.	Zip 29 33166	Country 30 U.S.A.	

8. Name and Address of Current Registered Agent
FERNANDEZ, EDUARDO
 501 BRICKELL KEY DRIVE
 SUITE 400
 MIAMI FL 33131

10. Name and Address of New Registered Agent
 81 Name **LEO ROURK**
 82 Street Address (P.O. Box Number is Not Acceptable)
158 W 9 ST APT # 10
 83
 84 City **HALEAH** FL 85 Zip Code **33010**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 **3/31/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRABO CARIDA, JAIME ROBERTO		1.2 NAME BRABO CARIDA JAIME ROBERTO	
STREET ADDRESS 501 BRICKELL KEY DR., SUITE 400		1.3 STREET ADDRESS 7220 N.W. 36th STREET	
CITY-ST-ZIP MIAMI FL 33131		1.4 CITY-ST-ZIP MIAMI, FLORIDA 33166	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRABO CARIDA, JUTHS ROBINSON		2.2 NAME BRABO CARIDA, JUTHS ROBINSON	
STREET ADDRESS 501 BRICKELL KEY DR., SUITE 400		2.3 STREET ADDRESS 7220 N.W. 36th STREET	
CITY-ST-ZIP MIAMI FL 33131		2.4 CITY-ST-ZIP MIAMI, FLORIDA 33166	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *[Signature]* **JAIME ROBERTO BRABO CARIDA** 3/30/99 (605) 599-1066
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** DATE DAYTIME PHONE #