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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90118 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104025

1. Corporation Name
RALEX INDUSTRIAL ELECTRONICS, INC.

Principal Place of Business 8357 WEST FLAGLER STREET SUITE 235 MIAMI FL 33144	Mailing Address 8357 WEST FLAGLER STREET SUITE 235 MIAMI FL 33144
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/10/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0799488	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PEREZ, DORA C
15606 SW 63RD TERRACE
MIAMI FL 33193**

10. Name and Address of New Registered Agent

81 Name MONTANO, JUAN PABLO
82 Street Address (P.O. Box Number is Not Acceptable) 15606 S.W. 63RD TERRACE
83
84 City MIAMI
85 Zip Code FL 33193

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 JUAN P. MONTANO DATE 01-15-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MONTANO, JUAN PABLO	
STREET ADDRESS	15606 SW 63RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PEREZ-VILLAR, ANIBAL P	
STREET ADDRESS	15606 SW 63RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEREZ, DORA C	
STREET ADDRESS	15606 SW 63RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MONTANO, JUAN PABLO
2.3 STREET ADDRESS	15606 SW 63RD TERRACE
2.4 CITY-ST-ZIP	MIAMI - FL 33193
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	MONTANO, JUAN PABLO
3.4 CITY-ST-ZIP	15606 SW 63RD TERRACE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	MIAMI - FL 33193
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: JUAN P. MONTANO DATE 01-15-99 (305) 761-3040
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (11/98)