

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025447

1. Corporation Name

MICROSOURCE ELECTRONICS, INC.

Principal Place of Business

Mailing Address

18520 N.W. 67 AVE. #244 18520 N.W. 67 AVE. #244
MIAMI, FL. 33015 MIAMI, FL. 33015

2. Principal Place of Business

21 18520 N.W. 67 AVE.

Suite, Apt. #, etc.

22 #244

City & State

23 MIAMI, FL

Zip

24 33015

Country

9. Name and Address of Current Registered Agent

HECTOR ISIDRON
4340 N.W. 195 ST.
MIAMI, FL. 33055

2a. Mailing Address

26 18520 N.W. 67 AVE.

Suite, Apt. #, etc.

27 #244

City & State

28 MIAMI, FL

Zip

29 33015

81 Name

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

700002400607-3

-03/10/99-01050--005

***150.00 ***150.00

FL 85 Zip Code

10. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number

65-0880744

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

[] Yes

[] No

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	FAUSTINO Lopez	
STREET ADDRESS	49 SUFFOLK AVE, Hialeah, FL, 33010	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

PRESIDENT Change Addition

HECTOR ISIDRON

4340 N.W. 195 ST MIAMI, FL. 33055

Change Addition

21 TITLE Change Addition

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY-ST-ZIP Change Addition

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: *Hector Isidron (Hector Isidron)* 2-15-99 305-624-0565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)