

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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90058 050 \*\*\*150.00

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DOCUMENT # P98000036577

1. Corporation Name  
ELECTROBAIRES, CORP.

Principal Place of Business  
118 E FLAGLER STREET  
MIAMI FL 33130

Mailing Address  
118 E FLAGLER STREET  
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

65-0829946

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 the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 118 E FLAGLER STREET  
Suite, Apt. #, etc.

2a. Mailing Address

26 118 E FLAGLER STREET  
Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State--

28 MIAMI FLORIDA

Zip

24 33131

Country

25 U.S.A.

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CANTOR, STEVEN L  
777 BRICKELL AVENUE  
SUITE 500  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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 607.1508, 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 PD ☐ DELETE

NAME SOFOVICH, GUSTAVO  
STREET ADDRESS 16400 COLLINS AVE, #2344  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE VD ☐ DELETE

NAME FIORE, JOSE  
STREET ADDRESS 17021 N BAY RD, #206  
CITY-ST-ZIP MIAMI FL 33160

TITLE SD ☒ DELETE

NAME FERREIROS, MARCELO  
STREET ADDRESS 400 LESLIE DR, #1025  
CITY-ST-ZIP HALLANDALE FL 33009

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 PRESIDENT ☐ Change ☐ Addition

1.2 NAME GUSTAVO SOFOVICH  
1.3 STREET ADDRESS 16400 COLLINS AVE # 2344  
1.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

2.1 TITLE VICEPRESIDENT ☐ Change ☐ Addition

2.2 NAME JOSE FIORE  
2.3 STREET ADDRESS 17021 N BAY RD. # 206  
2.4 CITY-ST-ZIP N. MIAMI BEACH FL 33160

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE FIORE

04/28/99

(305) 381-9991

Date

Daytime Phone #

CR2E034 (1/98)