

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Munham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 JUL -3 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S70783** (3)  
1. Corporation Name  
**RAPHAEL ELECTRIC CORP.**

Principal Place of Business: **632 S.W. 22ND AVENUE MIAMI FL 33135**  
Mailing Address: **632 S.W. 22ND AVENUE MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>08/05/1991</b>	3a. Date of Last Report <b>04/15/1994</b>
4. FEI Number <b>65-0278391</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for incorporation under 1995 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Previous Place of Business 21. State Apt. # etc.	2a. Mailing Address 26. State Apt. # etc.
22. City & State	27. City & State
24. Tax	25. Exempt
29. Tax	30. Exempt

9. Name and Address of Current Registered Agent  
**LOPEZ, PETER R.  
28 WEST FLAGLER ST, ROBERT BLDG.  
SUITE 202  
MIAMI FL 33130**

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. 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 this appointment as registered agent. I am typing with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NAME) \_\_\_\_\_ (TITLE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VELAZCO, RAFAEL A.
STREET ADDRESS	1721 S.W. 11TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	STD
NAME	VELAZCO, OLGA M.
STREET ADDRESS	1721 S.W. 11TH TERR
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily prepared and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or consolidated annual report in four and one-half cents and that my signature shall have the same legal effect as if made in public faith that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 427, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not affiliated with an officer.

SIGNATURE:

*Rafael Velazco*  
SIGNATURE AND TYPED, CAPITALIZED NAME OF BOARD OFFICER OR DIRECTOR

06/27/95