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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V28007** (5)
1. Corporation Name
ELECTRONIC BALLAST SYSTEMS CORPORATION



Principal Place of Business Mailing Address
4051 LAGUNA ST. **4051 LAGUNA ST.**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146-1406**
US **US**

3. Date Incorporated or Qualified **04/06/1992** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business 2a. Mailing Address
21 **2503 SW 27th. Av.** 26 **2503 SW 27th. Av.**

4. FEI Number **85-0326093** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State City & State
23 **Miami, FL.** 28 **Miami, FL.**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **33133** 25 **USA** 29 **33133** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VILA, OSCAR J III
520 BILTMORE WAY
CORAL GABLES FL 33134

81 Name **Vila, Oscar J III**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **338 Minorca Av.**
84 City **Coral Gables** **FL** 85 Zip Code **33134**

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VILA, OSCAR J.	
STREET ADDRESS	4051 LAGUNA ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MELIS, JANOS	
STREET ADDRESS	4051 LAGUNA ST.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VILA, OSCAR J. III	
STREET ADDRESS	520 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vila, Oscar	
1.3 STREET ADDRESS	2503 SW 27th. Av.	
1.4 CITY-ST-ZIP	Miami, FL 33133	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Melis, Janos	
2.3 STREET ADDRESS	2503 SW 27th Av	
2.4 CITY-ST-ZIP	Miami, FL. 33133	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vila, Oscar J III	
3.3 STREET ADDRESS	338 Minorca Av.	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR VILA, PRESIDENT

1/10/97

305-856-5222

Daytime Phone #

0205319

CR2E034 (9/96)