

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V47134 (4)**

1. Corporation Name  
**LITHOELECTRIC, INC.**



Principal Place of Business: **4300 W-41 ST-#101 HIALEAH FL-33012**  
Mailing Address: **1300 W-41 ST-#101 HIALEAH FL-33012**

3. Date Incorporated or Qualified: **06/26/1992**  
3a. Date of Last Report: **08/08/1995**  
4. FEI Number: **65-0368919**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 828 WEST 74 STREET**  
Suite, Apt. #, etc.: **22**  
City & State: **23 HIALEAH, FLORIDA**  
Zip: **24 33014** Country: **25**  
2a. Mailing Address: **26 828 WEST 74 STREET**  
Suite, Apt. #, etc.: **27**  
City & State: **28 HIALEAH, FLORIDA**  
Zip: **29 33014** Country: **30**

9. Name and Address of Current Registered Agent

**LOBOS, WALTER**  
**1300 W-41 ST-#101**  
**HIALEAH FL 33012**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **828 WEST 74 STREET**  
83  
84 City: **MIAMI** State: **FL** 85 Zip Code: **33014**

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. (If title of registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBOS, GASTON P	1.2 NAME	
STREET ADDRESS	4300 W-41 ST-#101	1.3 STREET ADDRESS	828 WEST 74 STREET
CITY-ST-ZIP	HIALEAH FL-33012	1.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33014
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBOS, GASTON P	2.2 NAME	
STREET ADDRESS	4300 W-41 ST-#101	2.3 STREET ADDRESS	828 WEST 74 STREET
CITY-ST-ZIP	HIALEAH FL-33012	2.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33014
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOBOS, WALTER P	3.2 NAME	
STREET ADDRESS	4300 W-41 ST-#101	3.3 STREET ADDRESS	828 WEST 74 STREET
CITY-ST-ZIP	HIALEAH FL-33012	3.4 CITY-ST-ZIP	HIALEAH, FLORIDA 33014
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gaston P. Lobos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/96  
Date

Daytime Phone #

CR2E034 (12/95)