

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

Mailing Address

**4300 W-41 ST-#101-
HIALEAH FL-33012**

**1300 W-41 ST-#101
HIALEAH FL-33012**

3. Date Incorporated or Qualified

06/26/1992

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

21 828 WEST 74 STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 828 WEST 74 STREET

Suite, Apt. #, etc.

4. FEI Number

65-0368919

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

22. City & State

23 HIALEAH, FLORIDA

Zip

Country

24 33014

27. City & State

28 HIALEAH, FLORIDA

Zip

Country

29 33014

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

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

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
LOBOS, GASTON P
4300 W-41 ST-#101
HIALEAH FL-33012**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VP
LOBOS, GASTON P
4300 W-41 ST-#101
HIALEAH FL-33012**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**S
LOBOS, WALTER P
4300 W-41 ST-#101
HIALEAH FL-33012**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**828 WEST 74 STREET
HIALEAH, FLORIDA 33014**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**828 WEST 74 STREET
HIALEAH, FLORIDA 33014**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**828 WEST 74 STREET
HIALEAH, FLORIDA 33014**

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 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/96

Daytime Phone #

CR2E034 (12/95)