

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

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1996 MAY 14 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **V50548 (9)**

1. Corporation Name  
**J.G. ELECTRONICS, INC.**

Principal Place of Business: **2721 SW 139 PL MIAMI FL 33175**

Mailing Address: **2721 SW 139 PL MIAMI FL 33175**

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: **07/14/1992**

3a. Date of Last Report: **07/11/1995**

4. FEI Number: **65-0348928**

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

9. Name and Address of Current Registered Agent

**GALINDO, ROBERTO A.  
2721 SW 139 PL  
MIAMI FL 33175**

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GALINDO, ROBERTO A.	
STREET ADDRESS	2721 SW 139 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	MIRITZA E Stephens	
STREET ADDRESS	2721 SW 139 PL	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	Luis A Galindo	
STREET ADDRESS	2721 SW 139 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200001820362
1.4 CITY-ST-ZIP	-05/14/96--01059--008
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	****233.75 ****233.75
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: \_\_\_\_\_

Signature and typed or printed name of signing officer or director: **Roberto Galindo: 8/13/96 305-551-7267**

CR2E034 (12/95)

*Handwritten initials and date: TSP 6/14/96*