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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V63247** (3)

1. Corporation Name

GARMO ELECTRIC OF MIAMI COMPANY



Principal Place of Business

**200 SW 133 AVE.
MIAMI FL 33184**

Mailing Address

**200 SW 133 AVE.
MIAMI FL 33184**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GARCIA, JOSE A.
200 SW 133 AVE.
MIAMI FL 33184**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 signing officer or director

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	GARCIA, JOSE A.	
STREET ADDRESS	200 SW 133 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	MOYA, LUIS F.	
STREET ADDRESS	200 SW 133 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☒ DELETE
NAME	GARCIA, JOSE A.	
STREET ADDRESS	200 SW 133 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE		☐ Change ☒ Addition
2. NAME	P/S/T	
3. STREET ADDRESS	GARCIA, JOSE A.	
4. CITY-STATE-ZIP	200 S.W. 133 AVE.	
5. CITY-STATE-ZIP	MIAMI, FL 33184	
6. TITLE		☐ Change ☐ Addition
7. NAME		
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. CITY-STATE-ZIP		
11. TITLE		☐ Change ☐ Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-STATE-ZIP		
15. CITY-STATE-ZIP		
16. TITLE		☐ Change ☐ Addition
17. NAME		
18. STREET ADDRESS		
19. CITY-STATE-ZIP		
20. CITY-STATE-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		
25. CITY-STATE-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: *Jose A. Garcia* **JOSE A. GARCIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 (305)223-3695
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)