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 # **476132** **(6)**

1. Corporation Name

ELECTRONIC WHOLESALE DISTRIBUTORS, INC.

Principal Place of Business

6971 N.W. 51 ST.
P.O.BOX 522862
MIAMI FL 33166
US

Mailing Address

P.O. BOX 522862
P.O.BOX 522862
MIAMI FL 33152
US

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

3. Date Incorporated or Qualified: **05/14/1975**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-1612379** ☐ 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

9. Name and Address of Current Registered Agent

MEDEROS, GEORGE
5157 N.W. 105 CT
MIAMI FL 33178

10. Name and Address of New Registered Agent

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 607.1508, 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. ... I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	**P**	☐ DELETE
NAME	**MEDEROS, GEORGE**	
STREET ADDRESS	**5157 N.W. 105 CT.**	
CITY, ST. ZIP	**MIAMI FL**	
TITLE	**S**	☐ DELETE
NAME	**MEDEROS, JOSE**	
STREET ADDRESS	**2025 BRICKELL AVE #201**	
CITY, ST. ZIP	**MIAMI FL**	
TITLE	**V**	☐ DELETE
NAME	**MEDEROS, OSCAR**	
STREET ADDRESS	**6501 S.W. 92 ST.**	
CITY, ST. ZIP	**MIAMI FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST. ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST. ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY, ST. ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY, ST. ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY, ST. ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY, ST. ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY, ST. ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY, ST. ZIP		☐ Change ☐ Addition

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5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing ... Section 199.07(3)(k), Florida Statutes. I further certify that ... shall have the same legal effect as if made under oath; that I am an officer or director of the corporation ... to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 ...

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Mederos

4/22/96 (305) 594-3929

Date Daytime Phone #