

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 # 509990 (8)

1. Corporation Name
E.D.S. ELECTRONICS, INC.



Principal Place of Business: 960 NE 79TH ST MIAMI FL 33138
Mailing Address: 960 NE 79TH ST MIAMI FL 33138

3. Date Incorporated or Qualified: 08/13/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1687643
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: DE SALLES PEREIRA, WALDOMIRO, 7925 WEST DR. #16, MIAMI FL 33141
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	FORTES, MIRENE 7925 W DR APT 19 MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORTES, MIRENE		1.2 NAME	
STREET ADDRESS: 7925 W DR APT 19		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE: T	VEGA, JOSE M 1810 DAYTONIA RD MB MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VEGA, JOSE M		2.2 NAME	
STREET ADDRESS: 1810 DAYTONIA RD MB		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE: PD	DE SALLES PEREIRA, W 7925 W DR APT 19 MIAMI BCH, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DE SALLES PEREIRA, W		3.2 NAME	
STREET ADDRESS: 7925 W DR APT 19		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BCH, FL 00000	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE: VM	KOZIAL, KERRY, SCOTT 7946 E DR APT 202 MIAMI BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KOZIAL, KERRY, SCOTT	<input checked="" type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS: 7946 E DR APT 202		4.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI BEACH FL		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: _____ DATE: 4/26/96 (305) 7577400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)