FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013141 (2)

FILED May 20 1998 8:00am Secretary of State

GLOB	PALTECH ELECTRONICS, I	NC.								
Principal Place	e of Business	Mailing Address					0.30001000.410 (0110 01011 0011) 0011)	98111 9919 1 1 1		BANDI ALDI (DI)
3124 N.W. 72ND AVE. 3124 N.W. 72ND AVE. MIAMI FL 33122 MIAMI FL 33122			E.				DO NOT WRITE	IN THIS S	SPACE	
							3. Date Incorporated or Qualified			
						ľ	02/12/1996			
2. Principal P	Place of Business	2a. Mailing Address					4. FE! Number		A	oplied For
21		26					65-0639187		No	ot Applicable
Suite, Apt.	#, e tc.	Suite, Apt #, etc.					5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State	e	City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zφ	Cou	ıntry			8. This corporation owes or has pa			
24	25	29	30			- 1	Personal Property Tax due June] No
	9. Name and Address of Curre	ent Registered Agent		Ì			10. Name and Address of New Re	gistered /	\gent	
Y	'UAN, JULIAN			81	Name					
10619 S.W. 147TH COURT MIAMI FL 33196				B2	Street A	ddres	ss (P.O. Box Number is Not Acceptable)			
green.	HIMMI I C 93180			83						
				84	City	<u> </u>		FL	85 Zip	Code
SIGNATURE	Signature, typed or pointed name of registered a	gent and tale if applicable (*)	NO11 - Registere				n's board of directors. I hereby acceptions and the second when reinstating)	DATE		
12.	PSTD OFFICERS A	ND DIRECTORS DELETE	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
TITLE	YUAN, JULIAN		1.1 10		f				change	L. Nogilion
NAME Street address	10619 SOUTHWEST 147TI	I COURT	1.2 N		ADDRESS					
CITY-ST-ZIP	MIAMI FL 33196	1000111	- 1		T-ZIP					
TITLE	Will all to botton	DELETÉ	2.1 II		1 2,11			·	Change	Addition
NAME			2.2 N/							_
STREET ADORESS			2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			2.40	(TY-5	ST-ZIP					
TITLE		DELETE	3.1 TI	TLE					Change	Addition
NAME {			3.2 N/	4ME						
STREET ADDRESS			3.3 \$1	IREET	ADDRESS					
CITY-ST-ZIP		Table-		_	ST - ZiP				<u> </u>	1 4 1 100
TITLE		☐ DELETE	4.1 Th						Change	Addition
NAME			4. 2 N							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 Cl 5.1 Tl		T - 7IP				Change	Addition
NAME			5.1 H						onunge	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CI							
TITLE		DELETE	6.1 TI		, 411		······································		Change	Addition
NAME			62 N/						- •	_
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			640							
	cortifu that the information enveloed	with this filing done not qualify				d in Sc	ection 119 07(3)(i) Florida Statutes I	further car	tify that the	information

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplicemental aurusal 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 attrachment with an address.

CICMATURE.

J-2 N/

4/30/98

(30+)406-9188