

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY - 1 AM 9: 57

DOCUMENT # 156117 (4)

1. Corporation Name
RICH ELECTRONICS, INC.

Principal Place of Business Mailing Address
3300 NW 21 ST 3300 NW 21 ST
MIAMI FL 33142 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1948	3a. Date of Last Report 04/21/1994
4. FEI Number 59-0592743	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
~~RICH, STUART E~~
~~3300 N W 21 STREET~~
~~MIAMI, FLORIDA~~
~~33142~~

} Retain -
deleted in
error

10. Name and Address of New Registered Agent
81 Name **RICH, STUART E**
82 Street Address (P.O. Box Number is Not Acceptable)
3300 NW 21 STREET
83
84 City **MIAMI** FL 85 Zip Code **33142**

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 _____ DATE _____
*Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recertifying.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, ROBERT S.	12 NAME	
STREET ADDRESS	3300 NW 21 ST	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	14 CITY ST ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, STUART E	22 NAME	
STREET ADDRESS	3300 NW 21 STREET	23 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	24 CITY ST ZIP	
TITLE	DV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, ROBERT S JR.	32 NAME	
STREET ADDRESS	3300 NW 21 STREET	33 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 00000	34 CITY ST ZIP	
TITLE	VSD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, PHILIP W.	42 NAME	
STREET ADDRESS	3300 NW 21 STREET	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	DST	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, SARAH W.	52 NAME	
STREET ADDRESS	3300 NW 21 STREET	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

PREVIOUS FILED...

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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: S. E. RICH 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Please)