

Amended \$ 61.25

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

FILED
Jul 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 156117
1. Corporation Name
RICH ELECTRONICS, INC.

Principal Place of Business: 3300 N W 21st Street MIAMI FL 33142
Mailing Address: SAME

"AMENDED"

DO NOT WRITE IN THIS SPACE

21. 3300 NW 21 St Miami FL	26. SAME
22. MIAMI FL	27. MIAMI FL
23. 33142 USA	28. 33142 USA

3. Date Incorporated or Qualified: 10/01/48	4. FEI Number: 59-0592743	Applied For: 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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
ROBERT S. RICH, JR.
3300 NW 21 Street
MIAMI FL 33142

10. Name and Address of New Registered Agent
81 Name: Robert S. Rich, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 3300 NW 21 street
83 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: Robert S. Rich, Jr. (NOTE: Registered Agent must be a natural person.) DATE: _____

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE: President	
NAME: Robert S. Rich, Sr.	
STREET ADDRESS: 3300 NW 21 Street	
CITY-ST-ZIP: Miami FL 33156	
TITLE: VP	<input type="checkbox"/> DELETE
NAME: Robert S. Rich, Sr.	
STREET ADDRESS: 3300 NW 21 Street	
CITY-ST-ZIP: Miami FL 33142	
TITLE: Secretary Treas	<input type="checkbox"/> DELETE
NAME: Sarah W. Rich	
STREET ADDRESS: 3300 NW 21 St	
CITY-ST-ZIP: Miami FL 33142	
TITLE: VP Director	<input checked="" type="checkbox"/> DELETE
NAME: Philip W. Rich	
STREET ADDRESS: 3300 NW 21 St	
CITY-ST-ZIP: Miami FL 33142	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE: [Blank]	
12 NAME: [Blank]	
13 STREET ADDRESS: [Blank]	
14 CITY-ST-ZIP: [Blank]	
21 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: [Blank]	
23 STREET ADDRESS: [Blank]	
24 CITY-ST-ZIP: [Blank]	
31 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME: [Blank]	
33 STREET ADDRESS: [Blank]	
34 CITY-ST-ZIP: [Blank]	
41 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME: PHILIP W. RICH	
43 STREET ADDRESS: 3300 NW 21 ST	
44 CITY-ST-ZIP: MIAMI FL 33142	
51 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: [Blank]	
53 STREET ADDRESS: [Blank]	
54 CITY-ST-ZIP: [Blank]	
61 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: [Blank]	
63 STREET ADDRESS: [Blank]	
64 CITY-ST-ZIP: [Blank]	

14. I hereby 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 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone: _____

CR2E034 (10/97)