

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90022 016 \*\*\*150.00

0661292

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 156117

1. Corporation Name  
**RICH ELECTRONICS, INC.**



Principal Place of Business  
**3300 NW 21 ST**  
**MIAMI FL 33142**

Mailing Address  
**3300 NW 21 ST**  
**MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **3300 NW 21 Street**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **3300 NW 21 Street**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**01/01/1948**

4. FEI Number  
**59-0592743**

Applied For  
 Not Applicable

22 **MIAMI FL**  
 City & State

27 **MIAMI FL**  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 **33142**  
 Zip

28 **33142**  
 Zip

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Country

29 Country

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICH, ROBERT S JR.**  
**3300 N W 21 STREET**  
**MIAMI FL 33142**

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. 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.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>P</b>                   | <input type="checkbox"/> DELETE            |
| NAME           | <b>RICH, ROBERT S. JR.</b> |  |
| STREET ADDRESS | <b>3300 NW 21 ST</b>       |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>      |  |
| TITLE          | <b>VP</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RICH, ROBERT S SR.</b>  |  |
| STREET ADDRESS | <b>3300 NW 21 STREET</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>      |  |
| TITLE          | <b>VD</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RICH, PHILLIP W</b>     |  |
| STREET ADDRESS | <b>3300 NW 21 STREET</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>      |  |
| TITLE          | <b>VD</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>RICH, SARAH W</b>       |  |
| STREET ADDRESS | <b>3300 NW 21 STREET</b>   |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>      |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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, with all other like empowered.

SIGNATURE: **ROBERT S. RICH, JR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)