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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 248489

(7)

NATIONAL ELECTRONICS, INC.

Principal Plac	e of Business	Mailing Address	·		T TOURS JURIL BOOK TORY BLOCK SELLS FOR THE STATE TO SELL BOOK BOOK BOOK BOOK BOOK			
10501 N.W. 7TH AVENUE P.O. BOX 381266 MIAMI FL 33238-8268		10501 N.W. 7TH AVENUE P.O. BOX 381266 MIAMI FL 33238-1268	P.O. BOX 381266					
					 Date Incorporated or Qualified 06/16/1961 	3a. Date of Last F 02/27/1996		
21	tace of Business	2a. Mailing Address 26			4. FEI Number 59-0935673	. 1—1—	pplied For lot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
Cily & Stal	c	City & State			6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution		to Fees	
Zip 24	Country 25	Zip 29	Country 30	1	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes 🔲 No	s. 199.032,	
	9. Name and Address of Cur		1	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg			
FEL	DMAN, DAVIO, ESQ		81	Name				
407	LINCOLN ROAD PH		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	····	
MIA	MI BCH FL 33139						·	
			B3	j				
			84	City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607,	0502 and 607 1508, Florida Statute	es, the abov	[e-named corr	poration submits this statement for the p	urnose of changing i	its registered	
artice or r	egistered agent, or both, in the St	tate of Florida. Such change was a oligations of, Section 607,0505, Flo	iuthorized bi	v the corpora	tion's board of directors. I hereby accep	t the appointment as	s registered	
SIGNATURE		,						
	Signature, typed or ponted name of registered			ant signature requ	red when reinstating)	DATE		
12. Title	PD	AND DIRECTORS DELETE	13. E 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE			
NAME	OUTOTTO IAOU		1,2 NAME			Change	Addition	
STREET ADDRESS	1865 BRICKELL AVE			ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY-5					
TITLE	\$	☐ DELETE	2.1 FITLE	······································		Change	☐ Addition	
NAME	LERMAN, ISIDORO		2.2 NAME					
STREEL ADDRESS	21 NE 1ST AVE		2.3 STREET	ADDRESS				
City-St-7iP	MIAMI FL		2. 4 CITY-	ST-ZIP	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
TITLE			3.1 TITLE		☐ Change ☐ Addition			
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	Annerse		."		
CITY - S1 - ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAWE			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	I lareste	4.4 CITY-5	ST-ZIP				
TillE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME STREET ADDRESS			5.2 NAME	ADDRESS				
CITY - ST - 7/P			5.3 STREET 5.4 CITY - S					
TITLE		. DELETE	6.1 TITLE)174IF		Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS				ADODECC				

14. I do 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:

FOB 20/57

305-751-857

FILED

Feb 25 1997 8:00am

Secretary of State