

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 278655 (6)
1. Corporation Name
CONTINENTAL ELECTRONIC WHOLESALE CORPORATION



Principal Place of Business Mailing Address
1620 W 32ND PLACE 1620 32ND PLACE
400 S.W. 107TH AVE., SUITE 308 HIALEAH FL 33012
HIALEAH FL 33012 US

3. Date Incorporated or Qualified 02/19/1964 3a. Date of Last Report 03/22/1995
4. FEI Number 59-1053024 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

CARBALLO, DELIA
1620 W. 32ND PLACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE D ☐ DELETE
NAME AGUILERA, MAVEL
STREET ADDRESS 1620 WEST 32ND PLACE
CITY-ST-ZIP HIALEAH FL
TITLE VD ☐ DELETE
NAME MESTRE, FRANCISCO J
STREET ADDRESS 1620 WEST 32 PLACE
CITY-ST-ZIP HIALEAH FL
TITLE S ☐ DELETE
NAME VALDES-FAULI, RAUL E
STREET ADDRESS 2 S. BISCAYNE BLVD. SUITE 3400
CITY-ST-ZIP MIAMI FL
TITLE T ☐ DELETE
NAME CARBALLO, DELIA
STREET ADDRESS 1620 WEST 32 PLACE
CITY-ST-ZIP HIALEAH FL
TITLE PD ☐ DELETE
NAME MESTRE, ABEL ALBERTO
STREET ADDRESS 1620 WEST 32 PLACE
CITY-ST-ZIP HIALEAH FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Mavel Aguilera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mavel Aguilera 04/23/96 305-822-1421

Date

Daytime Phone #

CR2E034 (12/95)