

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
1620 W 32ND PLACE
400 S.W. 107TH AVE., SUITE 308
HIALEAH FL 33012
US

Mailing Address
1620 32ND PLACE
HIALEAH FL 33012-4310
US

3. Date Incorporated or Qualified
02/19/1964

3a. Date of Last Report
04/29/1996

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
21 1620 W 32nd Place
Suite, Apt. #, etc.
22
City & State
23 HIALEAH, FL
Zip
24 33012
Country
25 US

2a. Mailing Address
26 1620 W 32nd Place
Suite, Apt. #, etc.
27
City & State
28 HIALEAH, FL
Zip
29 33012
Country
30 US

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUILERA, MAVEL	
STREET ADDRESS	1620 WEST 32ND PLACE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MESTRE, FRANCISCO J	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALDES-FAULI, RAUL E	
STREET ADDRESS	2 S. BISCAYNE BLVD. SUITE 3400	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARBALLO, DELIA	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY - ST - ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MESTRE, ABEL ALBERTO	
STREET ADDRESS	1620 WEST 32 PLACE	
CITY - ST - ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delia Carballo

01/22/97 (305) 822-1421

Date

Daytime Phone #

0117812

CR2E034 (9/96)