

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

FILED
May 07 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 # 278655 (6)
1. Corporation Name
CONTINENTAL ELECTRONIC WHOLESALE CORPORATION

Principal Place of Business 1620 W 32ND PLACE HALEAH FL 33012 US	Mailing Address 1620 32ND PLACE HALEAH FL 33012 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/19/1964	4. FEI Number 59-1053024	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		

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 1620 W. 32 Place 26 Suite, Apt #, etc. 27 City & State 28 Hialeah, FL 29 Zip 30 33012 31 US
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	AGUILERA, MAVEL
STREET ADDRESS	1620 WEST 32ND PLACE
CITY-ST-ZIP	HALEAH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	MESTRE, FRANCISCO J
STREET ADDRESS	1620 WEST 32 PLACE
CITY-ST-ZIP	HALEAH 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	HALEAH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	MESTRE, ABEL ALBERTO
STREET ADDRESS	1620 WEST 32 PLACE
CITY-ST-ZIP	HALEAH 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mavel AGuilera

04/28/98 305-822-1421

Daytime Phone # 0122801

CR2E034 (10/97)