FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 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 # 3897183

1. Corporation Name
National Telephone & Electronics, INC

Principal Place of Business / Mailing Address
1125 NE 125 ST. Suite 103
N. Miami, Fl. 33161

3. Date Incorporated or Qualified: 10/15/1971
3a. Date of Last Report: 1996

2. Principal Place of Business
21: 1125 NE 125 ST
22 Suite, Apt. #, etc.: 103
23 City & State: N. Miami Fl
24 Zip: 33161
25 Country: DADE

2a. Mailing Address
26: 1125 NE 125 ST
27 Suite, Apt. #, etc.: 103
28 City & State: N. Miami Fl
29 Zip: 33161
30 Country: DADE

4. FEI Number: 59-1414701 ☐ 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

9. Name and Address of Current Registered Agent

Joseph A. Ardolino
1125 NE 125 ST
Suite 103
N. Miami, Fl. 33161

10. Name and Address of New Registered Agent

81 Name: Joseph A. Ardolino
82 Street Address (P.O. Box Number is Not Acceptable): 1125 NE 125 ST
83: Suite 103
84 City: N. Miami **FL** 85 Zip Code: 33161

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: If a natural Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP	Joseph A. Ardolino 1125 NE 125 ST Suite 103 N. Mia. Fl 33161	12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	RW 5-19-97
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME / STREET ADDRESS / CITY-ST-ZIP		62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400002198914 -06/03/97--01005--030 ***165.00

CR2E034 (9/96)

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: _____ 5/12/97 305 853-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #