FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:43

DOCUMENT # **521634** **(6)**

1. Corporation Name
INFOTRONICS, INC.

Principal Place of Business	Mailing Address
911 NW 27TH AVENUE MIAMI FL 33125	911 NW 27TH AVENUE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 01/05/1977	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1721472	☐ 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. Does corporation have liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # 22	Suite, Apt. # 27
City & State 23	City & State 28
ZIP 24 / County 25	ZIP 29 / County 30

9. Name and Address of Current Registered Agent

RUIZ, RAFAEL
911 NW 27TH AVENUE
MIAMI, FLORIDA
33125

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 Section 607.0502 and 607.1005, 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: (If changing Registered Agent, Registered Agent must sign here.) (If changing Registered Office only, Registered Agent need not sign.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	ST	11 TITLE	☐ Change ☐ Addition
32 NAME	CHANG, JULIO	12 NAME	
33 STREET ADDRESS	10705 S W 46TH ST	13 STREET ADDRESS	
34 CITY-ST-ZIP	MIAMI, FL 00000	14 CITY-ST-ZIP	
35 TITLE	PD	21 TITLE	☐ Change ☐ Addition
36 NAME	RUIZ, RAFAEL	22 NAME	
37 STREET ADDRESS	1515 GRANADA BLVD	23 STREET ADDRESS	
38 CITY-ST-ZIP	CORAL GABLES, FL 00000	24 CITY-ST-ZIP	
39 TITLE	D	31 TITLE	☐ Change ☐ Addition
40 NAME	RUIZ, RAFAEL	32 NAME	
41 STREET ADDRESS	1515 GRANADA BLVD.	33 STREET ADDRESS	
42 CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
43 TITLE	D	41 TITLE	☐ Change ☐ Addition
44 NAME	CHANG, JULIO	42 NAME	
45 STREET ADDRESS	10705 S W 46TH ST	43 STREET ADDRESS	
46 CITY-ST-ZIP	MIAMI, FL 00000	44 CITY-ST-ZIP	
47 TITLE		51 TITLE	☐ Change ☐ Addition
48 NAME		52 NAME	
49 STREET ADDRESS		53 STREET ADDRESS	
50 CITY-ST-ZIP		54 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 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)(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 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE: Rafael Ruiz 2/10/95 305-541-1700
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0120732 CP