SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT FILED** CORPORATION Sandra B. Mortnam Secretary of State ANNUAL REPORT Aug 08 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State (6)DOCUMENT # 577975 JAIR ELECTRONICS CORPORATION Mailing Address Principal Place of Business 6336 NW 72ND AVE. 6336 NW 72ND AVE. MIAMI FL 33166 MIAMI FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 07/07/1978 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1837468 \$8.75 Additional 21 Suite Apt #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. \$5.00 May Be Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 23 Country Ζψ Country Zip 30 29 10. Name and Address of New Registered Agent 25 24 Name and Address of Current Registered Agent 81 Name LANG, ROBERTO JAIR Street Address (P.O. Box Number is Not Acceptable) 6336 NW 72 AVE MIAMI FL 33166 83 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. (MOTE Registered Assert's grature required when resistating) Signicate Type for proteocraris one general agent and so in appoint of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 111110 1.2 NAMS LANG, ROBERTO JAIR 1.3 STREET ADDRESS 6336 NW 72ND AVENUE STREET ADDRESS 1.4 CHY - ST - 7:P Change Addition MIAMI FL CITY - ST - ZIP DELETE 2.1 BILLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST ZIP DELETE 3 1 111LE TIME 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 41 T H E TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - ST-ZIP Change Addition CITY - ST - ZIP DELETE. TITLE 6 3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarify for the exemption stated in Section 119 07(3)(x). Fiorida Statutes 1 for hereby certify that the information indicated or this and all 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 of directly of the control of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changing the made under same appears in Bloc

SIGNATURE: ...

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