

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 605209 (6)

1. Corporation Name
STAR ELECTRONIC SALES, INC.

Principal Place of Business Mailing Address
**2100 NW 94TH AVE
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1870220	Applied For <input type="checkbox"/> 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 has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7227 NW 32nd Street	2a. Mailing Address 26 7227 NW 32nd Street
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33122	Country 25 USA
Zip 29 33122	Country 30 USA

9. Name and Address of Current Registered Agent AYMERICH, ADRIAN 2100 NW 94TH AVE MIAMI FL 33172		10. Name and Address of New Registered Agent	
		B1 Name Aymerich, Adrian, Jr.	
		B2 Street Address (P.O. Box Number is Not Acceptable) 7227 NW 32nd Street	
		B3	
		B4 City Miami,	B5 Zip Code FL 33122

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) _____ (Typed) (Registered Agent signature required when necessary) _____ (Typed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	AYMERICH, ADRIAN E. 2100 NW 94TH AVE MIAMI FL	1. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VPD
NAME		2. NAME	Aymerich, Adrian E.
STREET ADDRESS		3. STREET ADDRESS	7227 NW 32nd Street
CITY, ST, ZIP		4. CITY, ST, ZIP	Miami, FL 33122
TITLE PD	AYMERICH, ADRIAN, JR. 2100 NW 94TH AVE MIAMI FL	21. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME		22. NAME	Aymerich, Adrian, Jr.
STREET ADDRESS		23. STREET ADDRESS	7227 NW 32nd Street
CITY, ST, ZIP		24. CITY, ST, ZIP	Miami, FL 33122
TITLE STD	AYMERICH, DANIEL S. 2100 NW 94TH AVE MIAMI FL	31. TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STD
NAME		32. NAME	Aymerich, Daniel S.
STREET ADDRESS		33. STREET ADDRESS	7227 NW 32nd Street
CITY, ST, ZIP		34. CITY, ST, ZIP	Miami, FL 33122
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
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)(k), 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 thereto, as of record.

SIGNATURE: _____ **Adrian Aymerich, Jr. 04/25/95 (305) 592-9506**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR