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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 640679

ELECTRONICS TRADE CENTER, INC.

(7)

FILED Apr 28 1997 8:00am Secretary of State

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Principal Flace of Business Mailing Address 2601B NW 104 CT 2601B NW 104 CT MIAMI FL 33172 MIAMI FL 33172-2172								
US	•	US			Date Incorporated or Qualified 08/29/1979	3a. Date of Last Report 04/30/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-1934463	Applied For Not Applicable		
Suite, Apl.	#, ela	Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional		
City & State	//	City & State				Fee Required		
23	·	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	լ իդ իդ ի			Country 8. This corporation has liability for				
24	24 25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
BEN	IMERGUI, ISAAC		81	Name	19.			
5005 COLLINS AVE PH-5			8;	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33140			83	<u> </u>				
			84			FL 85 Zip Code		
office or r agent. La SIGNATURE	registered agent, or both, in the State in familiar with, and accept the oblig State to past or printed name of registred ag				proration submits this statement for the pration's board of directors. I hereby acception when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	BENMERGUI, ISAAC	DELETE	1.1 TITLE 1.2 NAME	1		Change Addition		
STREET ADDRESS	5005 COLLINS AVE PH-5			T ADDRESS				
C(1Y - S1 - ZIP	MIAMI BEACH FL		1.4 CITY-	ST-ZIP				
TITLE	S Benmergui, Mara	DELETE	2.1 TITLE			Change Addition		
NAME STREET ADDRESS	5005 COLLINS AVE PH-5		2.2 NAME 2.3 STREE	T ADDRESS				
Chr-St-Z#	MIAMI BEACH FL		2 4 CITY	1				
THE	ALCOHOL & LOUDOLO	☐ DELETE	3 \$ TITLE			Change Addition		
NAME STOCEL AND LESS	FOOF COLLING AVE 4401		3 2 NAME	T ADDRESS				
STREET ADORESS CITY-ST-ZIP	MIAMI BEACH FL		3.4. City					
Tifel		☐ DELETE	4 1 TITLE			☐ Change ☐ Addition		
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CHY-ST-ZIP TITLE	The state of the s	DELETE	4.4 City - 5.1 Title			Change Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
COLY - ST - ZIP		Donest	5.4 CITY -		Al	Change Addition		
TIFLE NAME		DELETE	6.1 TITLE 6.2 NAME	1		Change		
STREET ADDRESS				T ADDRESS				
C-TY-ST-ZIP			6.4 CITY					

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: