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

PROFIT CORPORATION ANNUAL REPORT 1998

新華に監禁の議論の対象を持つ時間を発生した。最後必要 のうけんけいじゅ 接接を書き



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 663698

(9)

A & R ELECTRONIC SERVICE, INC.

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										-				
90	M5 SW 157	ST		924	45 SW 157 ST									
\$TE 207				207					DO NOT WRITE IN THIS SPACE					
MIAMI FL 33157 US				MIAMI FL 33157 US				3. Date Incorporated or Qualified						
ľ	•			00						01/14/1	•			
2.	Principal P	la ce of Busi	ness	2a.	Mailing Address					4. FEI Numb				Applied For
21				26						59-19	64932			Not Applicable
Suite, Apt. #, etc.			<u>-</u>	Suite, Apt. #, etc.					5. Certificate	of Status Desired			Additional	
City & State			27	City & State					<u>.</u>				Required	
23	City of State	в		28	City & State						ampaign Financing d Contribution			O May Be d to Fees
	Zip		Country		Zip		Country	,			pration owes or has			· · · · · · · · · · · · · · · · · · ·
24			25	29		30	, ´				Properly Tax due J		Yes	□ No
		9. Name	and Address of C	Current Registe	ered Agent						d Address of New		d Agent	
	KR	IEGER, AA	RON W.				81	Na	ne					
	882	25 SW 150	ST				82	Stre	et Addre	ess (P.O. Box Nu	ımber is Not Acce	otable)		
	MLA	\MI FL 391	57 -				83	 -		 				
							83							
							84	City	,			F	85 2	o Code
11.	Pursuant t	to the provis	ions of Sections 60	07.0502 and 607	7.1508. Florida Sta	atutes, t	the above	e-nam	ed corp	oration submits t	his statement for the	ae purpose	of changing	its registered
	office or re	egistered ag	ent, or both, in the ith, and accept the	State of Florida	 Such change wa 	as auth	orized by	y the	corporati	on's board of d ir	ectors. I hereby ac	cept the a	ppointment a	as registered
eic	NATURE .	rii jarriii er 47	in, and docopy the	o congation on,	0000011001.0000	, i ionae	a olajalo.	٠.						
		Signature, typod	or printed name of registe	 		NOTE: Reg		enl sign	ture require	ed when reinstating)		DATE		
12.				ered agent and little if RS AND DIRECT	ORS	NOTE: Reg	13.	enl sign	tlure require		S/CHANGES TO O		ND DIRECTO	
12.	E	STD	OFFICER	 		NOTE: Reg	13. 1.1 TITLE	eni sign	alure require		S/CHANGES TO OI			
12. TITL	E IE	STD KRIEGE	OFFICER R, RUTH	 	ORS	NOTE: Rep	13. 1.1 TITLE 1.2 NAME				S/CHANGES TO OI		ND DIRECTO	
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STREET ADDRESS

CITY-S1-ZIP

14. I 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 suppliemental 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 composition 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 changes, or on an attachment with an address.