FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Apr 29 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 666520 1-2-98 x2MkxAOIR@AFXOOGETR NO TEXAS ELECTRONICS, INC. Principal Place of Business Mailing Address 2999 NE 191 STREET 2999 NE 191 STREET SUITE 900 SUITE 900 DO NOT WRITE IN THIS SPACE AVENTURA FL 33180 **AVENTURA FL 33180** 3. Date Incorporated or Qualified 04/11/1980 2a. Mailing Address Applied For 2. Principal Place of Business 65-0086291 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Zφ 8. This corporation owes or has paid the current year Intangible Country Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name HOCHSZTEIN, FRED 2999 NE 191ST STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 900 83 **AVENTURA FL 33180** 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE PDT SIMMS, JACK 1.2 NAME NAME **45 RUE ST JACQUES** 1.3 STREET ADDRESS STREET ADDRESS MONTREAL, QUE.CANADA 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 2.1 TITLE NAME HOCHSZTEIN, FRED 2.2 NAME 2999 N.E. 191ST STREET, SUITE 900 2.3 STREET ADDRESS STREET ADDRESS **AVENTURA 33180** 2. 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3.1 T(TL€ TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP **600002504996** Addition DELETE 61 TITLE TITLE 6.2 NAME : .: NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - 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 supplemental annual teport 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 fusice 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 apachnical with an address.

CITY-ST-ZIP