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

PROFIT CORPORATION ANNUAL REPORT



FLOR:DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 678840

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**RIVAL ELECTRONICS INCORPORATED** 

Principal Place of Business	Mailing Address	seen, enen, enen, erret diett dabt dibit biett diett diftt fillt
19 WEST FLAGLER	P.O. BOX 108 Miami Fl 33133	

19 WEST FLAGLER #502 Miami Fl 33130		P.O. BOX 108 MIAMI FL 33133		2 Data language the Lan Out field		
					3. Date Incorporated or Qualified 07/14/1980	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business \$7 FLALLEN	2a. Maying Address	V 1579	10	4. FEI Number NOT APPLICABLE	Applied For
Suite, Apt. #	#, etc	Suite, Apt. #, etc.	S	<u>\( \tag{\psi} \\ \ \</u>		Not Applicable  \$8.75 Additional
2 802		27			5. Certificate of Status Desired	Fee Required
Crty & State  3		City & State  2 28 MIAM, I	City & State  MIAM, IFC  Zip Country  33155 30		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
<sup>Zip</sup> ろろ!	Country 25 ()	29 23/55	Country 30		8. This corporation has liability for in	ntangible tax under s. 199.032, ☐ No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	_
4.1.45			81 Na	ne		······································
	EZ, PEDRO		<b>82</b> Str	et Addres	ss (P.O. Box Number is Not Acceptab	le)
	FLAGLER ST FL 33130		82			
MICHIE	1 L 00 100		83			
			84 Oits	<del></del>	7 1.1.	85 Zip Code
familiar witi SIGNATURE	ed agent, or both, in the State of Nor h, and accept the obligations of Sec Sgnature, filed or print a rain congression agen	ida Such change was authonz tion 607.0505 Florida Statutes		n's board	tion submits this statement for the pur Lof directors. Thereby ancept the appo	piritment as registered agent. Lam
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
	PS	□ DELETE				·
ILLE		, DE CE 16	1 1 HITLE			Change 🔲 Addition
IAME	ALVAREZ, PEDRO	<u></u> , Ditt it	1 1 HITEE 12 NAME			☐ Change ☐ Addition
IAME TREET ADDRESS	ALVAREZ, PEDRO 12861 SW 119 ST.	011	1.2 NAME 1.3 STREET ADDRE	ss		☐ Change ☐ Addition
IAME STREET ADDRESS SITY-ST-ZIP	ALVAREZ, PEDRO		1 2 NAME 1 3 STREET ADDRS 1 4 CITY - ST - ZIP	SS		
IAME STREET ADDRESS SITY - ST - ZIP STLE	ALVAREZ, PEDRO 12861 SW 119 ST.	□ DELETE	1.2 NAME 1.3 STREET ADDRE 1.4 CITY - ST - ZIP 2.1 TIFLE	SS		☐ Change ☐ Addition ☐ Change ☐ Addition
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IAME ITREE! ADDRESS ITY-ST-ZIP ITLE IAME ITREE! ADDRESS	ALVAREZ, PEDRO 12861 SW 119 ST.	□ DELETE	1.2 NAME 1.3 STREET ADDRE 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME			
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4. To hereby certify that the information supplied with this filling 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 he receiver or fusited en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapped, or origin attainment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/91 307 868 6102 Day Day