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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

688749 **DOCUMENT #**

(1)

DEL SUR ELECTRONICS, INC.

| incipa' Place | of Business | Mailing Address | | | |
|--|---|---|--|--|---|
| 13730 S.W. 102 AVENUE MIAMI FL 33176 | | Mailing Address | | | |
| | | 13730 S.W. 102 AVE MIAMI FL 33176 | NUE | | |
| | | | | 3. Date incorporated or Qualified 09/23/1980 | 3a. Date of Last Report 02/06/1995 |
| Principal Pla | ice of Business | 2a. Mailing Address | | 4. FEI Number | Applied Fo |
| | | 26 | | 59-2036176 | Not Applica |
| Suite, Apt. # | f, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additiona |
| Dity & State | | City & State | | & Floation Comparing Figuresian | Fee Required |
| , | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 'n | Country | Zip | Country | 8. This corporation has liability for | |
| | 25 | 29 | 30 | Florida Statutes | s 🗹 No |
| | 9. Name and Address of Cu | rrent Registered Agent | | 10. Name and Address of New | Registered Agent |
| | DAVAT T # | | 81 Name | | |
| | BOYCE F., III | | 82 Street A | Address (P.O. Box Number is Not Accepta | ble) |
| SUITE 1 | BAYSHORE DR. | | 63 | | |
| MIAMI FI | | | | | |
| mar will 1 | E 00100 | | 84 City | Sp. 1423 | FL 85 Zip Code |
| NATURE . | Signature, typical or printed namic of registered a | | NOTE: Registered Agent signature re- | rporation submits this statement for the pubboard of directors. Finereby accept the apparent of the pubboard of directors are statement for the pubboard of directors. | DATE |
| NATURE . | Sometime formed or tradect making of maintenance | | | | |
| IATURE . | Signature, typed or printed name of registered a OF FICERS | | | oculred when reinstating) | |
| IATURE . | Signatore, typied or printed namic of registered a OFFICERS PV | agent and title if applicable [| NOTE: Registered Agent signature re- | oculred when reinstating) | DATE FICERS AND DIRECTORS IN 12 |
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