

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 22 AM 8:05

DOCUMENT # F92000000099 (3)

1. Corporation Name

MI ELECTRONICS, INC.

Principal Place of Business

**351 NEW WHITFIELD ST.
GUILFORD CT 06437**

Mailing Address

**P.O. BOX 308
GUILFORD CT 06437**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

11/28/1994

4. FEI Number

04-2958860

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARANTZ, JAKE
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437
TITLE	D
NAME	HILL, ROBERT
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437
TITLE	S
NAME	DURKEE, DANIEL
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437
TITLE	D
NAME	WONG, ERNEST
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437
TITLE	T
NAME	COLE, PETER
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437
TITLE	D
NAME	BONETTI, ALESSANDRO
STREET ADDRESS	351 NEW WHITFIELD ST
CITY, ST, ZIP	GUILFORD CT 06437

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 in an Attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

DATE

Daytime Phone #

6-13-95

203-453-4374