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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

F96000005470 (7) DOCUMENT #
1. Corporation Name

VEJA ELECTRONICS, INC.

Mailing Address Principal Place of Business 100 WEST MAIN STREET 100 WEST MAIN STREET BABYLON NY 11702 BABYLON NY 11702-3437 3. Date incorporated or Qualified 3a. Date of Last Report 10/22/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 13-3376679 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 Florida Statutes Yes X No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **GAETE, PATRICK** 81 Name 11471 W. SAMPLE ROAD, STE 41 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City Zip Code 85 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, typico or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) PCD DELETE TITLE 1.1 TITLE Chance Addition PATSIS, STEVE NAME 1.2 NAME 100 WEST MAIN STREET STREET ADORESS 1.3 STREET ADDRESS BABYLON NY CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE ☐ Change ___ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTY-ST-ZIF DELETE TITLE 4.1 Tift E ☐ Change ■ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE 5.1 TITLE noitibhA TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

FILED Feb 05 1997 8:00am Secretary of State

6.4 CITY - ST-ZIP 14. I do 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 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 on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP