Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

**V**Yes

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90031 039 \*\*\*150.00



DOCUMENT	#	H29.	134
<ol> <li>Corporation Name</li> </ol>		1 140	10-1

Country

25

AIKI ELECTRONICS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

171 NE FIRST STREET MIAMI FL 33132

21

22

23

24

Zip

171 NE FIRST STREET MIAMI FL 33132

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

29

Zip

DO NOT WRITE IN THIS SPACE

11/08/1984 4. FEI Number

59-2475833

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

This corporation owes the current year Intangible

<del></del>	Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81	Name			
IGNACIO, ARIAN		82	Street	Address (P.O. Box Number is Not Acceptable)		
171 (	ne ist street	02	Street	Address (P.O. Box Number is Not Acceptable)		
SUIT	E 1400	83				
MIAM	11 FL 33132	<u> </u>				
		84	City ·	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.	, the above	L e-named	corporation submits this statement for the purpose of changing its registered		
office or R	egistered agent, or both, in the State of Florida. Such change was auth n familiar with, and accept the obligations of, Section 607.0505, Florid	norizea ov	the corp	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	enistered Aper	nt signature r	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	IGNACIO. ARIAN	1.2 NAME		,		
STREET ADDRESS	171 NE 1ST ST	1,3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI FL	14 CITY-S	T-ZIP			
TITLE	VPD DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	SERPA, RICARDO	2.2 NAME				
STREET ADDRESS	171 NE 1ST ST	2.3 STREE	T ADDRESS			
LTY-ST-ZIP	MIAMI FL.	2. 4 CITY-5	ST-ZIP			
TITLE	VPD DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME	WILDER, CORDERO	3.2 NAME				
STREET ADDRESS	171 NE 1ST STREET	3.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL	3.4. CITY-5	ST-ZIP			
TITLE	STD DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME.	ADRIANA, ARENOVICH	4. 2 NAME				
STREET ADDRESS	171 NE 1ST STREET	4.3 STREET ADDRESS		·		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-S	T-ZIP			
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME,		5.2 NAME				
STREET ADDRESS		5.3 STREE	TADORESS	·		
CITY: ST-ZIP		5.4 CITY- S	T-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME	/ \	6.2 NAME				

Country

30

14. I hereby certify that the information supplied with this filing floes 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 regorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

THNACIO ATLIAN

Daytime Phone #