

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90282 010 ***150.00

DOCUMENT # H33222 ✓

1. Corporation Name

MIAMI ELECTRONICS CENTER, INC.

Principal Place of Business

201 E. FLAGLER ST.
MIAMI, FL 33131

Mailing Address

201 E. FLAGLER ST.
MIAMI, FL 33131

452447-90282-10

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 1115 N. SHORE DRIVE
Suite, Apt. #, etc.

4. FEI Number

59-2469250

Applied For

Not Applicable

22 City & State

27 City & State

28 MIAMI BEACH, FL 331

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

29 Zip Country

30 33141

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MUHTAR, EZEQUIEL
251 E. FLAGLER ST.
MIAMI, FL 33131

10. Name and Address of New Registered Agent

81 Name MUHTAR, EZEQUIEL

82 Street Address (P.O. Box Number is Not Acceptable)
1115 N. SHORE DRIVE

83

84 City MIAMI BEACH

FL

85 Zip Code 33141

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

E. Muhlar

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MUHTAR, EZEQUIEL ☒ DELETE
STREET ADDRESS 201 E. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL

TITLE DST
NAME MUHTAR, RAQUEL ☐ DELETE
STREET ADDRESS 201 E. FLAGLER ST.
CITY-ST-ZIP MIAMI, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME MUHTAR, RAQUEL
1.3 STREET ADDRESS 1115 N. SHORE DRIVE
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

2.1 TITLE DST ☐ Change ☒ Addition
2.2 NAME MUHTAR, FRIEDA
2.3 STREET ADDRESS 1115 N. SHORE DRIVE
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Frieda F. Muhlar* - FRIEDA MUHTAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

Daytime Phone #