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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

1-21-97

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D488

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DOCUMENT # H76882

(0)

1. Corporation Name
MICRO MART, INC.

Principal Place of Business
2300 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
2300 PONCE DE LEON BLVD
CORAL GABLES FL 33134-5408

3. Date Incorporated or Qualified
09/19/1985

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2784219

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

9. Name and Address of Current Registered Agent

ARONOWITZ, JUDD
7900 RED RD, SUITE 12
S. MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name ARONOWITZ, JUDD

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

83

84 City CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0102 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 607.0502, Florida Statutes.

SIGNATURE *[Signature]*

NOTE: Registered Agent signature required when reinstating

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE PDS
NAME STERN, ROBERT H.
STREET ADDRESS 2300 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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NAME
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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

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 or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.H. STERN, PRESIDENT

01/13/97

305.444.4202

Date

Daytime Phone #

CR2E034 (9/96)