

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1985

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 204 ARAGON AVENUE
Suite, Apt. #, etc.

22 City & State
23 CORAL GABLES, FL
Zip Country
24 33134 25

2a. Mailing Address
26 204 ARAGON AVENUE
Suite, Apt. #, etc.

27 City & State
28 CORAL GABLES, FL
Zip Country
29 33134 30

9. Name and Address of Current Registered Agent

ARONOWITZ, JUDD
325 ALZERMIA AVE
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name HAROLD L. LEWIS, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
90 HABER, LEWIS & PARTMAN, LLP
83 2 SOUTH BICAYNE BLVD., SUITE 2660
84 City MIAMI FL 85 Zip Code 33131

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 name and title of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 P/O/S ☒ Change ☐ Addition
1.2 NAME STERN, ROBERT H.
1.3 STREET ADDRESS 204 ARAGON AVENUE
1.4 CITY - ST - ZIP CORAL GABLES, FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 a shareholder 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 the document with an address.

SIGNATURE:

SIGNATURE: R.H. STERN, PRESIDENT 04/26/98 205-444-4202

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