

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1985	
2. Principal Place of Business 21 204 ARAGON AVENUE Suite, Apt. #, etc.	2a. Mailing Address 28 204 ARAGON AVENUE Suite, Apt. #, etc.
22 City & State CORAL GABLES, FL	27 City & State CORAL GABLES, FL
24 Zip 33134	25 Country
29 Zip 33134	30 Country
4. FEI Number 59-2784219	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ARONOWITZ, JUDD
 325 ALZERMIA AVE
 CCORAL 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)
40 HABER, LEWIS & PARTMAN, LLP
 83 **2 SOUTH BICAYNE BLVD., SUITE 2660**
 84 City **MIAMI** 85 Zip Code **FL 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]* (Harold L. Lewis) DATE **4/27/98**

12. OFFICERS AND DIRECTORS

TITLE	POB	<input type="checkbox"/> DELETE
NAME	STERN, ROBERT H.	
STREET ADDRESS	2300 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STERN, ROBERT H.	
1.3 STREET ADDRESS	204 ARAGON AVENUE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

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 partner, partner 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]*, PRESIDENT **R.H. STERN, PRESIDENT 04/26/98 305-444-4202**

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