SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** H93018 (0)MOON ELECTRONICS, INC. Principal Place of Business Making Address 4258 SW 74TH AVE 4258 SW 74TH AVE MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 3a. Date of Last Report 12/31/1985 09/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2622380 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Z_{10} Country 8. This corporation has liability for intangible to under s. 199.032 Flor-da Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEREZ, JOSEPH A 7641 SW 55TH AVE. #B 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 83 84 City 85 Zip Code 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 agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (fedf). Regelered Agent's grature required when rehaldings DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 11 TITLE Change Add from PEREZ, JOSEPH A NAME 1.2 NAME 7641 SW 55TH AVENUE, #B CR2E034 STREET ADORESS 1.3 STREET ADDRESS MIAMI FL 33143 CITY - ST - ZIP 1.4 CITY - ST - ZIF TIFLE DELETE 2 1 TITLE Change Addition PEREZ. LOURDES M NAME 2.2 NAME STREET ADDRESS 7641 SW 55TH AVE. #B 2 3 STREET ADDRESS MIAM! FL 33143 CITY-ST-ZIP 2 4 City - \$1 - 24P DILE DELETE 3 1 THTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4 CHY-ST-ZIP DILE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CHY - ST - Z:P TITLE DELETE 6.1 MUE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS DITY-ST-7(P 6.4 City - St - ZiP 14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further certify that the information indicated in this arreal legal effect as if made under oath, that I am an off or or director of the comporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 13 if chapter 617, Florida Statutes, and Lourdes M Perer 9/7/96 305/262-7333 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR