PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # H95696**

(1)

Principal Prac	ELECTRONICS DISTRIBUTED OF HUSINGS ER ST.	Mailing Address 201 E. FLAGLER ST.			
MIAMI FL 3313	31	MIAMI FL 33131-1301	T.		
				 Date Incorporated or Qualified 01/23/1986 	3a. Date of Last Report 02/20/1996
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-2642569	Applied For Not Applicable
21 Suite, Apt #, etc		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional
City & State		City & State			Fee Required \$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for Florida Statutes	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New F	legistered Agent
	htar, ezequiel 0 north shore drive			/D O D 11 12 12 12 12 12 12 12 12 12 12 12 12 12 12	
MIAMI BEACH FL				ress (P.O. Box Number is Not Accept	able)
			83		
			84 City		FL 85 Zip Code
11, Pursuant office or agent 1: StGNATURE	to the provisions of Sections 607.00 registered agent, or both, in the Sta arn familiar with, and accept the obl		es, the above-named cor authorized by the corpora orida Statutes. E: Registered Agent signature requ		DATE
12.	OFFICERS AND DIRECTORS DP Delete		13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12 Change Addition
T:TLF NAMÉ	MUHTAR, EZEQUIEL		1.2 NAME		- El cualda El vantan
STEEFT ALORESS	201 E. FLAGLER ST.		1.3 STREET ADDRESS		
C/TY+ST-ZIP	MIAMI FL S	DELETE	1.4 CITY-ST-ZIP		Change Addition
THUE NAME	MUHTAR, FRIEDA	☐ ofrese	2.1 TITLE 2.2 NAME		C Cusuffe C Washing
STREET ADDRESS	201 E. FLAGLER ST.		2 3 STREET ADDRESS	,	
CHTV - \$1 - 7EP	MIAMI FL	DELETE	2. 4 CITY-ST-ZIP		
DOLF NAME		L DELCIE	3.1 TITLE 3.2 NAME		Change L Addition
STREET ADORESS			3.3 STREET ADDRESS		ĺ
00 y - \$1 - 7/P		**************************************	34. CiTY-ST-ZIP		
TITLE	ļ	☐ DELETE	4.1 TITLE		Change Addition
NAME STREEF ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
C TY+ST-ZIP			4.4 CITY-ST-ZIP		
THLE		DELETE	5.1 TIFLE		☐ Change ☐ Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
THEF		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
CIESTS VILLED	1		6 3 STOFFT ANNOTES		\

14. Let be be be seen 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 of 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, in on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

Daytime Phone # 0175061

FILED

May 09 1997 8:00am

Secretary of State