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Apr 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K11275 (0)

1. Corporation Name  
MICRODEVICES WORLD WIDE, INC.



Principal Place of Business  
6501 NW 36TH ST  
#165  
MIAMI FL 33166

Mailing Address  
6501 NW 36TH ST  
#165  
MIAMI FL 33166-6961

3. Date Incorporated or Qualified 01/07/1988  
3a. Date of Last Report 06/21/1996

|                                |                         |   |                                |
|--------------------------------|-------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number<br>65-0050863   | Applied For<br>Not Applicable  |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 22. City & State               | 27. City & State        | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees    |
| 23. Zip                        | 28. Zip                 | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 24. Country                    | 29. Country             |   |                                |

9. Name and Address of Current Registered Agent

NARAIN, ALFREDO  
9810 SW 138 AVE  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PTS NARAIN, ALFREDO <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9810 SW 138 AVE                                     | 1.2 NAME  |   |
| STREET ADDRESS             | MIAMI FL  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P NARAIN, ALFREDO <input type="checkbox"/> DELETE   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9810 SW 138 AVE                                     | 2.2 NAME  |   |
| STREET ADDRESS             | MIAMI FL  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V WILSON, MICHAEL <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 1648 SW 157 AVE                                     | 3.2 NAME  |   |
| STREET ADDRESS             | PEMBROKE PINES FL                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V LEE-SUE, VICTOR <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 15584 SW 111 TERR                                   | 4.2 NAME  |   |
| STREET ADDRESS             | MIAMI FL  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

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, if changed, or on an attachment with an address.

SIGNATURE: VICTOR LEE-SUE 4/9/97 (305) 671-5325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)