FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra R. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # K19411 (3)SOUTH FLORIDA ELECTRONICS CORPORATION Principal Place of Business Mailing Address 9971 S.W. 32ND STREET 9971 S.W. 32ND STREET MIAMI FL 33165 MIAMI FL 33165 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1988 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 9478 Applied For 26 65-0151759 Not Applicable Suite, Apt. #, etc. Suite, Apr. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Oity & State 6. Election Campaign Financing \$5.00 May Be 23 MIAMI 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIDALGO, NELSON 82 Street Address (P.O. Box Number is Not Acceptable) 9971 S.W. 22ND STREET **MIAMI FL 33165** 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florida Statutus, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607,0505. Florida Statutes. SIGNATURE CALL 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE PTD DELETE 1 1 THUE ☐ Change Addition NAME HIDALGO, NELSON 1.2 NAME 9971 S.W. 32ND STREET STREET ADDRESS 13 STREET ADDRESS MIAMI FL CITY-ST-7IP 1.4 Cith - ST - 7iF TITLE VSD DELETE 2.1 DF.E Change Addition NAME HIDALGO, MIRIAM 2.2 NAME STREET ADDRESS 9971 S.W. 32ND STREET 2.3 STREET ADDRESS 011Y-S1-ZIP MIAMI FL 24 CITY - ST - ZiP TITLE DELETE 3 1 TITLE Change Add-tion NAME. 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY ST-ZIP TITLE DELETE 4 1 HILE Change Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-7iP 4.4 CITY - ST - ZiP THRE DELETE 5 1 TILLS Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREE! ADDRESS CITY-ST-ZIP 54 0 TY ST-ZP TITLE [DELFTE 6 1 Tifte Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on tris armulal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attended with a supplemental annual report to execute this report as required by Chapter 607. Florida Statutes; and that my name 64 CHY-S1 79

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF KINING OFFICER OR DIRECTOR

4/19/96

Day* me Phone #