

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
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **K49848** (0)

1. Corporation Name

OLSON ELECTRONICS, INC.

Principal Place of Business

**40 WEST 49TH STREET
HIALEAH FL 33012**

Mailing Address

**40 WEST 49TH STREET
HIALEAH FL 33012**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CABRERA, GUILLERMO
14622 ROSEWOOD RD.
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified

12/08/1988

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0090758

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

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

Signature typed or printed (name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **MCNULTY, WALTER M.**
STREET ADDRESS **5471 W. 7 CT.**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VD** ☐ DELETE
NAME **CABRERA, GUILLERMO J.**
STREET ADDRESS **14622 ROSEWOOD RD.**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P**
1.3 STREET ADDRESS **Cabrera, Guillermo J.**
1.4 CITY-ST-ZIP **14622 Rosewood Rd. Miami Lakes FL 33016** ☐ Change ☒ Addition

2.1 TITLE **V**
2.2 NAME **Cabrera, Roger J.**
2.3 STREET ADDRESS **14622 Rosewood Rd.**
2.4 CITY-ST-ZIP **Miami Lakes FL 33016** ☐ Change ☒ Addition

3.1 TITLE **T;S**
3.2 NAME **Cabrera, Ana N.**
3.3 STREET ADDRESS **14622 Rosewood Rd.**
3.4 CITY-ST-ZIP **Miami Lakes FL 33016** ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo J. Cabrera

6-20-96

305-822-8097

Date

Daytime Phone

CR2E034 (3/96)