

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K57029 (6)

1. Corporation Name

AVNET INDUSTRIES, INC.

Principal Place of Business

2690 PARK ROAD
APT. 8
BENBROKE PARK FL 33009
US

Mailing Address

% MARTIN H. ALMAN
16049 N.W. 18TH AVE
N. MIAMI BCH FL 33162

APPROVED
AND
FILED

05 APR 20 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/10/1989

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0091423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 20129 NE 16 PLACE

2a. Mailing Address

26 c/o MARTIN H. ALMAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 No. Miami Beach, FL

24 Zip Country

25 33179 USA

27 City & State

28 No. Miami Beach, FL

29 Zip Country

30 33162 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALMAN, MARTIN H.
16049 N.W. 18TH AVE
N. MIAMI BCH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 17064 W. Dixie Hwy

84 City

No. Miami Beach

FL

85 Zip Code

33162-0223

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]

4/12/95

Signature Types or Printed Name of registered agent and this application

(NOTE: Registered Agent separately required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROZENBERG, JOSEPH
STREET ADDRESS 20840 SAN SIMEON WAY
CITY ST ZIP N. MIAMI BCH FL

TITLE VD
NAME ROZENBERG, MICHAEL
STREET ADDRESS 20840 SAN SIMEON WAY
CITY ST ZIP N. MIAMI BCH FL

TITLE SD
NAME ROZENBERG, ELKA
STREET ADDRESS 20840 SAN SIMEON WAY
CITY ST ZIP N. MIAMI BCH FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY ST ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY ST ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY ST ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY ST ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY ST ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95

Signature Types or Printed Name of registered agent and this application