SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:38

DOCUMENT # K83683 (8)

1. Corporation Name

ELECTRONIC PARTS & EQUIPMENT INC.

Principal Place of Business	Mailing Address
C/O ARTURO AMOR 1122 SW 87 AVENUE SUITE B-3 MIAMI FL 33174	C/O ARTURO AMOR 1122 SW 87 AVENUE SUITE B-3 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1989
3a. Date of Last Report: 08/22/1994
4. FEI Number: 65-0250382 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. [illegible] ☐ $5.00 May Be Added to Fees
8. [illegible] Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4380 s.w. 74 ave.	26 po box 56-7064
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Miami, Fla. 33155	28 City & State: Miami, Fla. 33255
24 Zip: 33152 — 25 Country: DADE	29 Zip: 33255 — 30 Country: DADE

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMOR, ARTURO P.O. BOX 44-0093 MIAMI FL 33144	81 Name: Amor Fidel 82 Street Address (P.O. Box Number is Not Acceptable): 16021 s.w. 152 ave. 83 84 City: Miami, Fla. 33187 FL 85 Zip Code: 33187

11. Pursuant to the provisions of Sections [illegible] 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] 5-15-95
[illegible] DATE

12. OFFICERS AND DIRECTORS		13.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOR, ARTURO P.O. BOX 0093-44 N/A MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fidel Amor 16021 s.w. 153 ave. ~~Miami, fl. 33155~~	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Magda, Amor 1122s.w. 87ave. #B-3 ~~Miami, Fla. 33175~~	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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)(i), Florida Statutes. I further certify that the information indicated on the 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] 5-15-95 (305) 378-2194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)