FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (6)DOCUMENT # FAHS ELECTRONICS, INC. Mailing Address Princip's Place of Business 25 SE 2ND AVE. STE 208 25 SE 2ND AVE. STE 208 MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 02/10/1995 11/20/1989 Applied For 4. FEI Number 2a. Mailing Address Not Applicable 2. Principal Place of Business 65-0157942 \$8.75 Additional 21 Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Sinte, Apt. #c. etc. \$5.00 May Be 22 6. Election Campaign Financing City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032, 23 Country Country Yes No 261 Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 FAHS, HUSSEIN ABDALLAH 290 N.E. 174TH STREET 83 **SUITE 2301** Zıp Code 85 N. MIAMI BEACH FL 84 City 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 furnish vz th, and accept the obligations of, Section 607,0505, Florida Statutes. DATE CR2E034 (12/95) THEFTE Registered Agent signature required when renstatings SIGNATURE रितृत्व के अन्य है हो बची तक दूर रहिल्ली प्रचार है की रहतुन वैज्ञाली तहिल्ली है। ये सिल्लिक क्रिकों सिक् ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS ☐ Change Addition 12 DELETE 1 THLE 1.106 12 NAME FAHS, HUSSEIN ABDALLAH NAME: 13 STREET ADDRESS 290 NE 174TH ST., #2019 Obs. 144606085 1.4 City - ST-ZiP N. MIAMI BEACH FL Addition ☐ Change 61. 4 S Zet [] DELFTE 2 1 TiTLE 2000 2.2 NAMÉ NAM. 2.3 STREET ADDRESS SHEEL MORES 2 4 CITY - ST-ZIP ☐ Addition Change CD SLZE DELETE 3 1 TIFLE 1006 3.2 NAME 1,347 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP Addition 015 51 28 DELETE 4 1 11111 THE 4.2 NAME Nass 4.3 STREET ADDRESS STRUTT ADDRESS 4.4 Cd Y - ST - ZIP Addition [] Change OHY 51 26 5 1 TUTLE DELETE Hi 5.2 NAME 5.3 STHEET ADORESS Star - LADDed to 5 4 CITY - \$1 - 24P Change Addition CG ST ZE DELETE 6.1100 1111 6.2 NAME

14. If the 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)(6). 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 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 certify 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.

63 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDICESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-96

Daytime Phone #