Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90051 049 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L82031

1. Corporation Name

CPN	ELECTRONICS, INC.								
	<u> </u>						IERI BABU, BABU BI	FILLERIN BIFILLER	
Principal	Place of Business	Mailing Address							
4503 NW 103 AVE. 4503 NW 103 AVE.							•		
SUITE 200 SUITE 200 SUNRISE FL 33351 SUNRISE FL 33351						DO NOT WRITE IN THIS SPACE			
US	WHISE PL 33331 US					3. Date Incorporated or Qualifed	_		1
						06/19/1990			-
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For	
21 26						13-3588061		Not Applicable]
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		5 Additional	1
22		27				5. Certificate of Status Desired	Fee	Required	1
- City & State City & State				ž-		6. Election Campaign Financing		00 May Be	
23	28					Trust Fund Contribution	Add	ed to Fees	-
Zip	Zip Country Zip			try		8. This corporation owes the current year			
24	25		30			Personal Property Tax.	Yes	No	┨
	9. Name and Address of Current	Registered Agent		14	NI	10. Name and Address of New Registe	erea Agent		┨
	LEGAL INFORMATION SERVICES INC		"	31	Name	•			
1290 WESTON RD.			Tã	32	Street Addres	ss (P.O. Box Number is Not Acceptable)			}
	SUITE 300		Ļ				_		1
	FT. LAUDERDALE FL 33326		۱	33					
	TI. ENDELIDALE TE GOOEG		8	34	City		FL 85 2	Zip Code	7
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• — '	ito ropietorod	┨
offic	e or registered agent or both in the State (of Florida. Such chande was au	ithorizea t	วง เท	named corpor ne corporation	ration submits this statement for the purpo n's board of directors. I hereby accept the a	ppointment a	s registered	Ĺ
age	nt. I am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statut	es.	·				
SIGNAT	URE					when reinstating) DA		_	1
	Signature, typed or printed name of registered agen OFFICERS ANI		13.	gent s	signature required	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	1
12.	PTD	DELETE	1.1 TITU	 F		7.00111011070717111020 73 011110211	☐ Char		1
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Crty-ST-ZII	VSD				211		Char	nge	1
	SHAW, DENISE			2.2 NAME		•			1
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TITLE			- 3.2 NAM		٠,٠٠٠	ان کام از ایران در این از اینکام را بروی به اینهای ایران			
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STREET AD	<i>'</i>		3.4. CIT			•		•	
CITY-ST-ZI	P	☐ DELETE	4.1 TITL		·ZIF		Cha	nge	1
NAME	•		4. 2 NA						
	proce				ADDRESS				
STREET AD	·		4.4 CITY						
CITY-ST-ZI	i l	☐ DELETE	5.1 TITL		- "		Cha	nge Addition	,]
NAME		_		£					
STREET AD			5.2 NAM				LJ Cria		- 1
	UNCOO			Æ	ADDRESS		_ Cila		1
CITY-ST-ZI	i.			ME EET A	ADDRESS ZIP		Cria		
TITLE	P	☐ DELETE	5,3 STR	ME EETA /-ST-2			Cha	nge Addition	
TITLE	P ⁱ	☐ DELETE	5,3 STR 5.4 CITY	ME EETA (-ST-)		·		nge 🔲 Addition	
NAME STREET AD		☐ DELETE	5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	ME EETA (-ST-) E				nge 🔲 Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP