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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84107

(6)

ACTION SATELLITE AND ELECTRONICS, INC.

Principal Place of Business

C/O PETER ZIMMERMANN 20122 SW 103 AVENUE MIAMI FL 33189 Mailing Address

C/O PETER ZIMMERMANN 20122 SW 103 AVENUE

FILED Jan 14 1997 8:00am Secretary of State



| MIAMI FL 33189 | | MIAMI PL 33168-1362 | | 1 | |
|-----------------|--|--|--|--|---|
| | | | | 3. Date Incorporated or Qualified 06/27/1990 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Pa | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 202 | 11 SW 104 CT | 26 20211 3 | 5W 104 CT | 65-0213241 | Not Applicable |
| Suite, Apt | | Suile, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State |) _ | City & State | ······································ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 MIAN | 11 FL Country | 28 MIAMI | F | Trust Fund Contribution | Added to Fees |
| Zip 24 331 | 89 25 USA | | Country 10 7 45A | | Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Reg | jistered Agent |
| ZIMI | MERMANN, PETER | | 81 Name D | TER ZIMMERMA | لمبيد |
| 2012 | 22 SW 103 AVENUE | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable | [A] |
| MIAI | MI FL 33189 | | | 20211 56 104 | "CT |
| | | | 83 | | |
| | | | | | |
| | | | 84 City | -44 | FL 85 Zip Code 33/89 |
| 44 5 | 607.000 | and COZ 4500 Florido Ctot do | MIA | MI | FL 35/8/ |
| office or ri | io the provisions of Sections 607.0502 eaistered agent, or both, in the State (| rand 607, 1508, Florida Statutes of Florida. Such change was au | s, the above-hamed corporation | on's board of directors. I hereby accep | urbose or changing its registered If the appointment as registered |
| agent. I ai | m familiar with and accept the obliga- | tions of Section 607.0505, Flori | da Statures. | oration submits this statement for the pron's board of directors. I hereby accep | • 4 |
| SIGNATURE | that Engre | _ PETER ZI | MMERMANN Registered Agent signature require | \triangleright | 7 Jan 97 |
| / | alignature, ty 40'or p14 ted hame of registered agen | | | | N. |
| 12. | OFFICERS AND | ······································ | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | D | DELETE | 1.1 TITLE | | Change Addition |
| NAME | ZIMMERMANN, PETER | | 1.2 NAME | | |
| STREET ADDRESS | 20122 SW 103 AVE. | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI FL | | 1.4 DITY - ST-ZIP | | |
| TITLE | ST | DELETE | 2.1 TITLE | | Change Addition |
| NAME | ZIMMERMANN, CONSTANCE | | 2.2 NAME | | - |
| STREET ADDRESS | 20122 SW 103 AVENUE | | 2 3 STREET ADDRESS | | |
| | MIAMI FL | | | | |
| CITY - S1 - ZIP | Marie 1 C | DELETE | 2 4 CHT (- ST-ZIP 31 THTLE | | Change Addition |
| TITLE | | C) Deserte | | | Change Modition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | . 3 3 STREET ADDRESS . | | |
| CITY - ST - ZIF | | | 3.4. EITY-ST-ZIP | ·· | |
| TITLE | | ☐ DELETE | 4 1 TiTLE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 City - St - ZiP | | |
| TITLE | | DELETE | 5 1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| City-St-ZiP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | | 62 NAME | | |
| | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MANUALA MARINA M | | 64 CITY - ST-ZIP | in Section 119 07/3Vi). Florida Statutas | |
| | ay cortily that the information constact | | | | |

• For nevery certify that the information supplied with this filing does not quality 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 oriector 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 chapted, or on an attachment with an address.

SIGNATURE:

CHAPTER AND TYPED OR BENTED NAME OF SIGNING OFFICER OR DIRECTOR

7 Jan 97 305-378-4069