## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 FEB 24 PM 4: 09 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 BECKETARY OF STATE 1. Name and Mailing Address DOCUMENT #L93000000408 of Limited Liability Company TALLAHASSEE, **FLORIDA** 1a. Principal Place of Business Address KITO ELECTRONICS LIMITED COMPANY 2315 N.W. 107TH AVENUE BOX #94 2315 N.W. 107TH AVENUE BOX #9 MIAMI FL 33172 MIAMI FL 33172 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 1/22/1993 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0471906 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Zip Country S8 75 Add-bonal Fee Hequired D3/28/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent BRONEMAN, TED L ANDRES MESSULAM 5701 COLUINS AVENUE Street Address (P.O. Box Number is Not Acceptable) APT. #702 533 MENENDEZ AVE. MIAME BEACH FL 33140 Suite, Apt. #, etc. Zip Code 33146 CORAL-GABLES 9. Pursuant to the provisi Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE 02/04/97 SIGNATURE g Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MBM-DRONFMAN, THD L BRONEMAN, MICHAEL - DOK - WIAMI F MGRM MESSULAM, ANDRES 2315 N.W. 107TH AVE., BOX MIAMI FL MESSULAM, MARY FRANCIS 2315 N.W. 107 TH AVE., BOX WIAMI FL MEM 100002097651--9 Li02/25/97--01148--018 **MK\*\*203.75 \*\*\*\***203.75

11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

INHSE10 R(12-96)

ANDRES MESSULAM

02/06/97 (305) 594-4170