## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED Aug 06 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # L95051 (3)MINILEC FLORIDA, INC. Principal Place of Business Mailing Address 2962 NW 60TH ST 9321 ETON AVENUE FT LAUDERDALE FL 33309 CHATSWORTH CA 91311 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1990 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For SAME 65-0213688 Not Applicable 26 चि: etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes □ No 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent . Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYES STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition ☐ DELETE TITLE 1.1 TITLE SCHWARTZ, MARTIN A. NAME 1.2 NAME **2E034** 9321 ETON AVENUE STREET ADDRESS 1.3 STREET ADDRESS **CHATSWORTH CA** CITY-ST-ZIP 1.4 City - St - ZiP STD DELETE 2.1 TITLE ☐ Change Addition TITLE SCHWARTZ, LAURA NAME 2.2 NAME 9321 ETON AVENUE STREET ADDRESS 2.3 STREET ADDRESS CHATSWORTH CA CITY-ST-2.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE SCHWARTZ, RONNI M. NAME 3.2 NAME 9321 ETON AVENUE STREET ADDRESS **3 3 STREET ADDRESS CHATSWORTH CA** 3.4. CITY - ST - ZIP CITY-ST-ZIF DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. 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 to 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 appear with an address. 7/10/07 418/908-003

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP