

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000088515 (0)**

1. Corporation Name

EZCONY INTERNATIONAL CORPORATION

m/1980

Principal Place of Business
2335 N W 107th Ave.
Suite 2M-47, Box 111
Miami, FL 33172

Mailing Address
2335 N W 107th Ave.
Suite 2M-47, Box 111
Miami, FL 33172

FILED
May 07 1998 8:00am
Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/4/87

4. FEI Number

65-0036865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7620 N W 25th Street

Suite Apt. #, etc.

22 Units 4 & 5

City & State

23 Miami, FL

Zip

24 33122

Country

25 Dade

2a. Mailing Address

26 7620 N W 25th Street

Suite, Apt. #, etc.

27 Units 4 & 5

City & State

28 Miami, FL

Zip

29 33122

Country

30 Dade

9. Name and Address of Current Registered Agent

GOODKIND, BRIAN K
2601 S BAYSHORE DR
SUITE 1600
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME Ezra Cohen
STREET ADDRESS 2335 NW 107th Ave., Suite 2M-47
CITY-ST-ZIP MIAMI FL

TITLE VST ☐ DELETE
NAME Henry Lacs
STREET ADDRESS 2335 NW 107th Ave., Suite 2M-47
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7620 NW 25th St., Units 4 & 5
1.4 CITY-ST-ZIP Miami, FL 33122

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7620 NW 25th St., Units 4 & 5
2.4 CITY-ST-ZIP Miami, FL 33122

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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; that I am duly 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, in the address.

SIGNATURE:

Ezra Cohen
NO TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98 (305) 599-1352

Date

Daytime Phone #

0170083

CR2E034 (10/97)