

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

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90092 046 \*\*\*\*150.00

DOCUMENT # **M61980**

Corporation Name  
**EZCONY INTERNATIONAL CORPORATION**

Principal Place of Business  
**20 NW 25TH ST., UNITS 4 & 5  
MIAMI FL 33122**

Mailing Address  
**7620 NW 25TH ST., UNITS 4 & 5  
MIAMI FL 33122**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

City, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Zip Country

25

28 Zip Country

29

9. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION  
2601 SO. BAYSHORE DRIVE, SUITE 1600  
MIAMI FL 33133**

3. Date Incorporated or Qualified

**11/04/1987**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

| OFFICERS AND DIRECTORS          |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12             |  |
|---------------------------------|--|---|--|
|                                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <input type="checkbox"/> DELETE | <b>P<br/>COHEN, EZRA<br/>7620 NW 25TH ST., UNITS 4 &amp; 5<br/>MIAMI FL 33122</b>  | 1.1 TITLE   |  |
|                                 |  | 1.2 NAME  |  |
|                                 |  | 1.3 STREET ADDRESS  |  |
|                                 |  | 1.4 CITY-ST-ZIP   |  |
| <input type="checkbox"/> DELETE | <b>VST<br/>HENRY LACS<br/>7620 NW 25TH ST., UNITS 4 &amp; 5<br/>MIAMI FL 33122</b> | 2.1 TITLE   |  |
|                                 |  | 2.2 NAME  |  |
|                                 |  | 2.3 STREET ADDRESS  |  |
|                                 |  | 2.4 CITY-ST-ZIP   |  |
| <input type="checkbox"/> DELETE |  | 3.1 TITLE   |  |
|                                 |  | 3.2 NAME  |  |
|                                 |  | 3.3 STREET ADDRESS  |  |
|                                 |  | 3.4 CITY-ST-ZIP   |  |
| <input type="checkbox"/> DELETE |  | 4.1 TITLE   |  |
|                                 |  | 4.2 NAME  |  |
|                                 |  | 4.3 STREET ADDRESS  |  |
|                                 |  | 4.4 CITY-ST-ZIP   |  |
| <input type="checkbox"/> DELETE |  | 5.1 TITLE   |  |
|                                 |  | 5.2 NAME  |  |
|                                 |  | 5.3 STREET ADDRESS  |  |
|                                 |  | 5.4 CITY-ST-ZIP   |  |
| <input type="checkbox"/> DELETE |  | 6.1 TITLE   |  |
|                                 |  | 6.2 NAME  |  |
|                                 |  | 6.3 STREET ADDRESS  |  |
|                                 |  | 6.4 CITY-ST-ZIP   |  |

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.

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99  
Date

305-599-1352  
Daytime Phone #

CR2E034 (11/98)