FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91755 010 ***150.00

DOCUMENT # P00000054062

1. Entity Name
ONIKA ELECTRONICS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2500 PARK VIEW DR.	2500 PARK VIEW DR.
Suite, Apt. #, etc.: APT. 604	Suite, Apt. #, etc.: APT. 604
City & State: HALLANDALE, FL	City & State: HALLANDALE, FL
Zip: 33009 Country:	Zip: 33009 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1023927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LEOPOLDO G. RIOS

Street Address (P.O. Box Number is Not Acceptable): 1800 W. 49th STREET SUITE 301

City: HIALEAH FL Zip Code: 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: L Rios — LEOPOLDO G. RIOS — 04/02/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	ROMERO, ALBERTO	NAME	
STREET ADDRESS	PISO 7, OFICINA 7-5 BELLO MONTE	STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1050, VENEZUELA	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DE ROMERO, ALESSANDRA	NAME	
STREET ADDRESS	PISO 7, OFICINA 7-5 BELLO MONTE	STREET ADDRESS	
CITY-ST-ZIP	CARACAS 1050, VENEZUELA	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DI MARCO, GINA	NAME	
STREET ADDRESS	PISO 7, OFICINA 7-5 BELLO MONTE	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	CARACAS 1050, VENEZUELA	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 04/30/2002 (305) 558-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #