

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
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90049 037 ***150.00

DOCUMENT # P15231

1. Corporation Name

ALL AMERICAN SEMICONDUCTOR, INC.

Principal Place of Business

16115 NW 52ND AVE.
MIAMI FL 33014
US

Mailing Address

16115 NW 52 AVE.
MIAMI FL 33014
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1987

4. FEI Number

59-2814714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOLDBERG, PAUL
16115 NW 52ND AVE.
MIAMI FL 33014

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

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 DCEO ☐ DELETE
NAME GOLDBERG, PAUL
STREET ADDRESS 16115 NW 52ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE VDST ☐ DELETE
NAME FLANDERS, HOWARD L. (AS,CFO)
STREET ADDRESS 16115 NW 52ND AVE
CITY-ST-ZIP MIAMI FL

TITLE COO ☐ DELETE
NAME GOLDBERG, BRUCE M.
STREET ADDRESS 16115 NW 52ND AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME MANDEL, CYE
STREET ADDRESS 1800 NE 114TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE
NAME GORDON, RICK
STREET ADDRESS 230 DEVCON DRIVE
CITY-ST-ZIP SAN JOSE CA 95112

TITLE D ☐ DELETE
NAME LIEBERBAUM, SHELLY
STREET ADDRESS 600 OLD COUNTRY ROAD, STE. 330
CITY-ST-ZIP GARDEN CITY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P/D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 230 Devcon Drive
3.4 CITY-ST-ZIP San Jose, CA 95112

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 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:

Howard L. Flanders

2/2/99 (305) 621-8282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)