

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P24287

1. Corporation Name

M + G Electronic Sales Corp.

Principal Place of Business  
32 Ranick Road  
Hauppauge NY 11788

Mailing Address  
32 Ranick Road  
Hauppauge NY 11788

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 3. Date Incorporated or Qualified<br>5/11/1989                                                                                                                 | 3a. Date of Last Report<br>5/11/1994 |
| 4. FEI Number<br>11-2020421                                                                                                                                    | Applied For<br>Not Applicable        |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional<br>Fee Required    |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          | \$5.00 May Be<br>Added to Fees       |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                      |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent

Maltz, Louis  
20281 Est Country Club Drive  
North Miami FL 33180

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 607.0602 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 of Registered Agent (if registered agent is not the corporation)

Signature of Registered Agent (signature required after translating)

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| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                        | 11 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Maltz, Louis             | 12 NAME                                               |                                                                   |
| STREET ADDRESS             | 20281 East Country Cl Dr | 13 STREET ADDRESS                                     | 800001546018                                                      |
| CITY, ST, ZIP              | North Miami FL 33180     | 14 CITY, ST, ZIP                                      | -07/25/95--01124--011                                             |
| TITLE                      | D                        | 21 TITLE                                              | ****225.00 <input type="checkbox"/> ****225.00                    |
| NAME                       | Maltz, Rose              | 22 NAME                                               |                                                                   |
| STREET ADDRESS             | 20281 East Country Cl Dr | 23 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | North Miami FL 33180     | 24 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      | PO                       | 31 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Maltz, Elliott           | 32 NAME                                               |                                                                   |
| STREET ADDRESS             | 32 Ranick Rd.            | 33 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              | Hauppauge NY 11788       | 34 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                          | 41 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 42 NAME                                               |                                                                   |
| STREET ADDRESS             |                          | 43 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                          | 44 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                          | 51 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 52 NAME                                               |                                                                   |
| STREET ADDRESS             |                          | 53 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                          | 54 CITY, ST, ZIP                                      |                                                                   |
| TITLE                      |                          | 61 TITLE                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                          | 62 NAME                                               |                                                                   |
| STREET ADDRESS             |                          | 63 STREET ADDRESS                                     |                                                                   |
| CITY, ST, ZIP              |                          | 64 CITY, ST, ZIP                                      |                                                                   |

14. I hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted 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 or liquidator of the corporation and that I am qualified 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 in an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

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