

1995		DIVISION OF CORPORATIONS	
DOCUMENT #P93000005120			
1. Corporation Name WREN ELECTRONICS, INC.		95 MAY - 1 MM 94 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2297 NW 82 Ave. Miami, FL 33122		Mailing Address 2297 NW 82 Ave. Miami, FL 33122	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 26		2a. Mailing Address 27 Suite Apt. #, etc. 27	
City & State 22 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent KTA & S REGISTERED AGENT CORP. 1401 BRICKELL AVENUE SUITE #700 MIAMI, FL 33131		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 <small>Signature, typed or printed name of registered agent and title, if applicable</small>		NOTE: Registered Agent signature required when changing <small>Change _____ Addition _____</small>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/P NAME Ronald Portnoy STREET ADDRESS 55 COVES RUN CITY ST ZIP SYOSSET, NY 11791		11 TITLE 500001475315 12 NAME -05/04/95--01024--021 13 STREET ADDRESS 14 CITY ST ZIP 1400 3rd St. W.	
TITLE DIVISIT NAME BARRY COHEN STREET ADDRESS 1801 NW 85 AVE. CITY ST ZIP AMARAC, FL 33321		21 TITLE *34**200.00 *44**200.00 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP 		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP 		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP 		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP 		61 TITLE 853 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 it would 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.			
SIGNATURE: <i>B. Cohen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-26-95 305-591-5888 <small>Florida Dept. of State</small>	
BARRY COHEN, SECRETARY			