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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	MENT # <b>P930</b> 0 Name WORLD ELECTRONICS, I	00029881 (i nc.	8)	T 10 SH 10 TH 10 100 THAI 10 LAI 40 A	
Principal Place	e of Business	Mailing Address		1001/004   10 (0/00   1/1/ 00)   [7]	ił 88:11 00:100 lielo (000 łe/e) ipipi libi iloo
6985 HARDING AVE MIAMI BEACH FL 33141		6985 HARDING AVE MIAMI BEACH FL 33	141		
				3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 10/05/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4, FEI Number 65-0403878	Applied For
Suite, Apt	#, etc.	Salte, Apt. #, etc.			Not Applicable \$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
Orty & State	e	Oity & State		6. Election Campaign Financing	\$5.00 May Be
Zφ	Country	<b>28</b>	Country	1rust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, No
	9. Name and Address of Curre			10. Name and Address of New R	
			81 Name		- Bulling Algeria
CUJINO, MARIA Z		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	
5855 SW 128TH CT MIAMI FL 33183			83		
1410 4111 1	2 00 100				
			84 City		85 Zip Gode
familiar wit	th, and accept the obligations of, Sec Surarie: talence provideals compared inc.	tion 607.0505, Florida Statute	195 He gettier Aprit signatur receive		Dintment as registered agent. I am
TITLE	OFFICERS AF	T DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	CUJINO, MARIA Z		1 170L6 12 NAME		☐ Change ☐ Addition
STREET ADDRESS	5855 SW 128TH CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33183		1.4 CHY - ST - ZIP		
TITLE	DV	☐ DELETE	2 1 DILE		Change Addition
NAME	BONILLA, JOHN		2.2 NAME		
STREET ADDRESS	5855 SW 128TH CT		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33183		2.4.C/TY+ST+7/P		
TITLE		DELETE	3 1 Total	19/9 MA. L.d.	Change Addition
NAME DEDECT LOCALISE			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4 CITY+ST+ZIP		
NAME		D DEFELE	4 1 TIFLE		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZIP					
TI!LE		DELF IE	5 1 TILE		☐ Change ☐ Addition
NAME		—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP			5 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - S1 - ZIP		

14. Ldo hereby certify that the information supplied with this fing 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 if made under oath; that I an 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 charged or on an attractive that an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 566-90190