

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000043903 (2)**

1. Corporation Name
DYNAMIC ELECTRICAL SALES, INC.



Principal Place of Business PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA, STE 900 MIAMI FL 33131 US	Mailing Address PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA, STE 900 MIAMI FL 33131-2805 US
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2. Principal Place of Business 21 8966 SW 87 CT #12 Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33176	2a. Mailing Address 26 8966 SW 87 CT #12 Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33176	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 06/16/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0424885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERLMAN AND FABER, P.A. 799 BRICKELL PLAZA STE 900 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name IRWIN MILLER 82 Street Address (P.O. Box Number is Not Acceptable) 8966 SW 87 CT #12 83 84 City MIAMI	85 Zip Code FL 33176
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11. Pursuant to the provisions of Sections 607.0505 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 from [Name] with the address of [Address], Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	PRES/DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, IRWIN	1.2 NAME	IRWIN MILLER
STREET ADDRESS	799 BRICKELL PLAZA, STE 900	1.3 STREET ADDRESS	8966 SW 87 CT #12
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33176
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SEC/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, IRWIN	2.2 NAME	ROBERT DE NISCO
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 900	2.3 STREET ADDRESS	16203 LAKEHEAD CT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 included 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 in an attachment with an address.

SIGNATURE *[Signature]* DATE **4-7-97** DAYTIME PHONE # **813-242-8222**

CR2E034 (9/96)