

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:15

DOCUMENT # P930000086722 (4)

1. Corporation Name

P.C.S. ELECTRONICS, INC.

Principal Place of Business

8111 N.W. 33RD STREET
MIAMI FL 33122

Mailing Address

8111 N.W. 33RD STREET
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/13/1993

3a. Date of Last Report

03/04/1994

4. FEI Number

65-0458317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, ALFREDO J II
28 WEST FLAGLER STREET, STE. 400
MIAMI FL 33130

10. Name and Address of New Registered Agent

1. Name
DANA M. KAVEMAN
2. Street Address (P.O. Box Number is Not Acceptable)
11900 BILKAYNE BLVD #262
3. City
MIAMI
4. State
FL
5. Zip Code
33181

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature based on printed name of registered agent and into a registered agent)

(NOTE: Registered agent signature required when modifying)

DATE

1/6/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	PATTON, SYNESIO	6640 PINETREE LN	MIAMI BCH FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1.1	1.2	1.3	1.4	☐	☐
2.1	2.2	2.3	2.4	☐	☐
3.1	3.2	3.3	3.4	☐	☐
4.1	4.2	4.3	4.4	☐	☐
5.1	5.2	5.3	5.4	☐	☐
6.1	6.2	6.3	6.4	☐	☐

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 190.02(3)(b), 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 1002, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JA. 16, 1995

DATE

(Signature) (Printed Name)