

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

**APPROVED
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53 MAY -1 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000087369 (3)

1. Corporation Name
HFI ELECTRONICS, INC.

Principal Place of Business
**18427 NW 9ST
PEMBROKE PINES FL 33029**

Mailing Address
**18427 NW 9ST
PEMBROKE PINES FL 33029**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1993

3a. Date of Last Report
08/17/1994

4. FEI Number
65-0456515

5. Certificate of Status Desired **\$8.75 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 § 199.039 Florida Statutes Yes No

2. Principal Place of Business
21 []
Suite, Apt. #, etc
22 []
City & State
23 []
Zip
24 []

2a. Mailing Address
26 []
Suite, Apt. #, etc
27 []
City & State
28 []
Zip
29 []

Country
30 []

9. Name and Address of Current Registered Agent

**CHAVARRO, ANDRES
18427 NW 9 ST.
PEMBROKE PINES FL 33029**

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 _____ DATE _____
(Signature, typed or printed name of registered agent, use 199 if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
CHAVARRO, ANDRES
18427 NW 9 ST.
PEMBROKE PINES FL 33029**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE Change Addition
2 NAME
3 STREET ADDRESS
4 CITY - ST - ZIP

5 TITLE Change Addition
6 NAME
7 STREET ADDRESS
8 CITY - ST - ZIP

9 TITLE Change Addition
10 NAME
11 STREET ADDRESS
12 CITY - ST - ZIP

13 TITLE Change Addition
14 NAME
15 STREET ADDRESS
16 CITY - ST - ZIP

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 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 Sections 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 transferee thereof, or that I am authorized 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 hereto in addition.

SIGNATURE: _____
(Signature and typed or printed name of signing officer or director)

4/27/95
582-6607