

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90064 034 ***150.00

DOCUMENT # P93000087369

1. Filing Name

Hi-Fi Electronics, Inc.

01/12/94

Principal Place of Business
18427 NW 9th St.
PEMBROKE PINES
FL 33029-3602

Mailing Address
18427 NW 9th St
PEMBROKE PINES
FL 33029-3602

2. Principal Place of Business
18427 NW 9th St

3. Mailing Address
Suite Apt #, etc

4. State
PEMBROKE PINES FL
5. Zip
33029-3602

City & State
Zip
Country

6. FEI Number
65-0456515

7. Accounting For
Not Applicable

8. Certificate of Status Desired
\$8.75 Additional Fee Required

661328

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDRES CHAVAYO
18427 NW 9th St.
PEMBROKE PINES FL 33029-3602

Name
Street Address (PO Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature of the filer or the name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when incorporating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: ANDRES CHAVAYO, 18427 NW 9th St., PEMBROKE PINES FL 33029-3602.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

13. I 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andres Chavayo 4/30/2000 1-954 438-6479

Title

Date

CR2E.034 (9/99)