SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 9:24

DOCUMENT # P94000011276 (0)

1. Corporation Name

NATIONAL ELECTRONICS ACQUISITION CORP.

Principal Place of Business	Mailing Address
5260 NW 167TH ST HIALEAH FL 33014	5260 NW 167TH ST HIALEAH FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: ~~02/10/1994~~ ok
3a. Date of Last Report:

2. Principal Place of Business
21: 10501 NW 7 AVE
22: Suite, Apt. #, etc:
23: City & State: MIAMI FL
24: Zip: 33150
25: County: Dade

2a. Mailing Address
26: 10501 NW 7 AVE
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL
29: Zip: 33150
30: County: Dade

4. FEI Number: 65-0475375 ☐ Applied For ☐ Not Applicable

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 s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDMAN, BENNETT G
2655 LEJEUNE RD
SUITE 541
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	SASSON, ZAKAY	12 NAME		
STREET ADDRESS	~~5260 NW 167TH ST~~	13 STREET ADDRESS	10501 NW 7 AVE	
CITY-ST-ZIP	~~HIALEAH FL 33014~~	14 CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	SASSON, EZRA	22 NAME		
STREET ADDRESS	~~5260 NW 167TH ST~~	23 STREET ADDRESS	10501 NW 7 AVE	
CITY-ST-ZIP	~~HIALEAH FL 33014~~	24 CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	FEFER, ENRIQUE	32 NAME		
STREET ADDRESS	~~5260 NW 167TH ST~~	33 STREET ADDRESS	10501 NW 7 AVE	
CITY-ST-ZIP	~~HIALEAH FL 33014~~	34 CITY-ST-ZIP	MIAMI FL 33150	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is valid, furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/15/95 305-751-8571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ENRIQUE FEFER

000262 CP