

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **P94000011276 (0)**

1. Corporation Name

**NATIONAL ELECTRONICS ACQUISITION CORP.**

Principal Place of Business

Mailing Address

10501 NW 7 AVE  
MIAMI FL 33150  
US

10501 NW 7 AVE  
MIAMI FL 33150  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/10/1994

02/15/1996

4. FET 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SASSON, ZAKAY**  
STREET ADDRESS **10501 NW 7 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D SASSON, EZRA**  
STREET ADDRESS **10501 NW 7 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D FEFER, ENRIQUE**  
STREET ADDRESS **10501 NW 7 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002249930--9

-07/29/97--01020--022

\*\*\*\*165.00 \*\*\*\*33/50

33/50

33/50

A. Alan  
7/23/97

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 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.

APPROVED  
AND  
FILED

97 JUL 23 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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## NATIONAL ELECTRONICS

10501 NORTHWEST SEVENTH AVENUE • P.O. BOX 381286 • MIAMI, FLORIDA 33138  
PHONE: (305) 751-8571 • TOLL FREE: 1-800-488-2684 • FAX: (305) 751-2267

July 17, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500


Gentlemen,

We would like to respectfully ask you herewith for a waive in any penalty there could be for our payment of our annual Report.

Please note this is the first time this happens. Your Report and payment were unfortunately misplaced. We have taken measures for this to certainly not to happen again.

We are sorry for any inconvenience this could have caused, and are greatful for your understanding. Please accept our apology.

Sincerely,



Enrique Fefer  
Treasurer