2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P94000011276  1. Entity Name NATIONAL ELECTRONICS, INC.					FILED Jan 16, 2002 8:00 am Secretary of State 01-16-2002 90232 041 ***150.00			
2. Principal F	Place of Business Avenue #, etc.	3. Mailing Address  \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	36 <sup>th</sup> Aven	ve	DO NOT WRITE IN TH			
City & Stat		City & State	Florida		4. FEI Number 65-0475375	— <del>— —</del>	oplied For ot Applicable	]
331 <i>6</i>	Country U.S.	<sup>Zip</sup> 33167	Country U.S.		5. Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of Current F	+ -	, J ,	/	7. Name and Address of New Register			1
2655 LE. Suite 54	n, Bennett G Jeune RD 11 Gables Fl 33134		Street A	Address (F	P.O. Box Number is Not Acceptable)	Zip Cod	e	-
SIGNATURE .  9.3This corporate filing in	signature, typed or printed name of registered agent as creation is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NOTI	E: Registered Agent signa !! FEE IS \$150. D2 Fee will be \$1.	.00 550.00	when reinstating)  10. Election Campaign Financing Trust Fund Contribution.	\$5.0	May Be	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	\$ IN 11	₫_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSON, ZAKAY 10501 NW 7 AVE MIAMI FL 33150	Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASS 1649. EasTer	ON ZAKAX S N.E. 31 Avenue In Shores. Miami, Fl, 3	☑ Change 3160	☐ Addition	CR2E034 (9/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSON, EZRA 10501 NW 7 AVE MIAMI FL 33150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASS 373	on EZRA Center Island n Beach, F(, 33160	Change	☐ Addition	85
NAME STREET ADDRESS CITY-ST-ZIP	D FEFER, ENRIQUE 10501 NW 7 AVE MIAMI FL 33150		NAME STREET ADDRESS CITY-ST-ZIP	D FEF 1933	ER ENRIQUE 3 Collins Avenue, APT 1702 y Isles Beach. El, 3316	Change 3 6 0	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	•
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that n wered to execute this report ith a ether like empowered.	the exemption sta ny signature shall h as required by Cha	nted in Sec nave the sa apter 607,	tion 119.07(3)(i), Florida Statutes. I further ame legal effect as if made under oath; tha Florida Statules; and that my name appea	certify that the in t I am an officer rs in Block 11 or	nformation or director Block 12 if	

SIGNATURE: \_

THE OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chinical Control

01/08/02 305-63 26 43 9
Dayline Phone #