

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State

4-15-96 B 35450

DOCUMENT # P94000036222 (5)

1. Corporation Name  
**ELI ELECTRONICS, INC.**

Principal Place of Business

219 N MIAMI AVE  
MIAMI FL 33128

Main Office

219 N MIAMI AVE  
MIAMI FL 33128



2. Principal Place of Business

2a. Main Office

21

26

State Apt. # etc.

State Apt. # etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**METSCH, LAWRENCE R**  
219 N MIAMI AVE  
MIAMI FL 33128

81

Name

82

Street Address (P.O. Box Numbers Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above named corporation is an individual agent for the purpose of changing its registered office or registered agent of both in the State of Florida and in any other state in which it is registered. This corporation has been duly authorized to file this report and to appoint a registered agent. I am familiar with and accept the duties of Sections 607.02 and 607.03, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP

DP  
COHEN, ELI  
219 N MIAMI AVE  
MIAMI FL 33128

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP  
NAME  
STREET ADDRESS  
CITY STATE ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. I am duly qualified to sign this report under Section 119.041, Florida Statutes. I further certify that the information supplied herein is true and correct to the best of my knowledge and belief. I am duly qualified to sign this report under Section 119.041, Florida Statutes. I further certify that the information supplied herein is true and correct to the best of my knowledge and belief. I am duly qualified to sign this report under Section 119.041, Florida Statutes. I further certify that the information supplied herein is true and correct to the best of my knowledge and belief. I am duly qualified to sign this report under Section 119.041, Florida Statutes.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Pres.

4/9/96

CR2E034 (12/95)