	ee af iek n	MAY 1 IS	\$550.00	FL	LED	
PROFIT CORPORATION	F		RTMENT OF STATE	Apr 16 19	<b>997 8</b> :0	0am
ANNUAL REPORT		Secreta	B. Mortham ary of State CORPORATIONS	Secreta		
	000362					
ELI ELECTRONICS, INC.		(0)				
Principal Place of Business	Mailing A	Address				
219 N MIAMI AVE MIAMI FL 33128	219 N M					
				3. Date Incorporated or Qualified 05/13/1994	3a. Date of Last 0 04/15/1996	Report
<ol> <li>Principal Place of Business</li> <li>1</li> </ol>	2a. Mailin 26	ng Address	<u> </u>	4. FEI Number 65-0494202		pplied For ot Applicable
Suite, Apl. #, etc. 2		Apt ₩, etc.	,,,	5. Certificate of Status Desired	\$8.75	Additional lequired
City & State 3		State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>		May Be to Fees
Zip Country	Zip		Country 30	8. This corporation has liability for		
9. Name and Address of Cur	the second se	Agent		10. Name and Address of New Re		
METSCH, LAWRENCE R 219 N MIAMI AVE			81 Name		· · · · ·	
MIAMI FL 33128				dress (P.O. Box Number is Not Acceptat	ole)	
			83	······································		~~~~
			64 City		[85   Zip	Code
I first well to the provisions of Contions 607	0500 and 607 160	Q. Florida Ptatu		morehing out calls this statement for the		
<ol> <li>Pursuant to the provisions of Sections 607. office or registered agent, or both, in the S agent 1 am familiar with, and accept the of provide the provided the provided to the pr</li></ol>	.0502 and 607.150 State of Florida. Suc obligations of, Secti	8, Florida Statu ch change was on 607.0505, Fl	tes, the above-named co	rporation submits this statement for the p ation's board of directors. I hereby acce	PL	its registered
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or purchal name of registered	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able. (No	tes, the above-named co authorized by the corpor torida Statutes. TE: Registered Agent signature req	ation's board of directors. I hereby acce	PL purpose of changing pt the appointment as	its registered s registered
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or public name of registered 2. OFFICERS	State of Florida. Suc obligations of, Secti	ch change was on 607.0505, Fi able. (No	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE	ation's board of directors. I hereby acce	PL purpose of changing pt the appointment as	its registered s registered
office or registered agent, or both, in the S agent Lami familiar with, and accept the of SIGNATURE 2. OFFICERS ITLE DP COHEN, EU and by Miahil And	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	ation's board of directors. I hereby acce	DATE	its registered s registered RS IN 12
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE 2. OFFICERS ITLE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby acce	L     Jourpose of changing     pot the appointment as     DATE     ZERS AND DIRECTOM     Change	its registered s registered RS IN 12
office or registered agent, or both, in the S agent L an familiar with, and accept the of SIGNATURE  Signature, typed or preted name of registered 2. OFFICERS Ittle  DP  COHEN, ELI  219 N MIAMI AVE  MIAMI FL 33128  Ittle	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO	tes, the above-named co authorized by the corpor korida Statutes. TE: Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ation's board of directors. I hereby acce	DATE	its registered s registered RS IN 12
office or registered agent, or both, in the S agent L an familiar with, and accept the of SIGNATURE 2. OFFICERS Itse AME STREEL ADDRESS SITY - ST- ZIP ITLE AME SITHER ADDRESS	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO	tes, the above-named co authorized by the corpor forida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directors. I hereby acce	L     Jourpose of changing     pot the appointment as     DATE     ZERS AND DIRECTOM     Change	its registered a registered RS IN 12
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE 2. OFFICERS TILE DP COHEN, ELI 219 N MIAMI AVE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 TILE SIHELT ADDRESS DTY - S1 - 7IP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO	tes, the above-named co authorized by the corpor korida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ation's board of directors. I hereby acce	L     Jourpose of changing     pot the appointment as     DATE     ZERS AND DIRECTOM     Change	its registered a registered RS IN 12
office or registered agent, or both, in the S agent Lam familiar with, and accept the of SIGNATURE Signature, typed or printed name or registered 2. OFFICERS THE DP COHEN, ELI 219 N MAMI AVE MIAMI FL 33128 ITLE INFET ADDRESS ITV-S1-ZIP INE INEET ADDRESS ITV-S1-ZIP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO DELETE	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	Change	its registered s registered RS IN 12
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered 2. OFFICERS THE DP COHEN, ELI 219 N MAMI AVE MIAMI FL 33128 THEFT ADDRESS THEFT ADDRESS THEFT ADDRESS SITY - ST- 2IP THE SIRELY ADDRESS	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO DELETE	tes, the above-named co authorized by the corpor forida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	Change	its registered s registered RS IN 12
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or preted name of registered 2. OFFICERS TILE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 TILE UAME STREET ADDRESS DIV-S1-ZIP TILE AAME STREET ADDRESS DIV-S1-ZIP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505, Fi able (NO DELETE	tes, the above-named co authorized by the corpor forida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	Change	its registered s registered RS IN 12
office or registered agent, or both, in the S agent Lam familiar with, and accept the of SIGNATURE Signature, typed or preted name of registered 2. OFFICERS Itse AME COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 ITREET ADDRESS ITY - SL-ZIP ITLE ITREET ADDRESS ITY - SL-ZIP ITLE ITREET ADDRESS ITY - SL-ZIP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	Change	Its registered registered RS IN 12 Addition
office or registered agent, or both, in the S agent Lam familiar with, and accept the of Signature, typed or printed name of registered 2. OFFICERS TREE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 TILE AME THEET ADDRESS TY - ST - ZP OLE AME THEET ADDRESS TY - ST - ZP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE DELETE	tes, the above-named co authorized by the corpor forida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     DATE     Change     Change     Change	Its registered a registered RS IN 12 Addition
office or registored agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or preted name of registered 2. OFFICERS REE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 ITTEL ADDRESS ITTEL ADDRESS	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE	tes, the above-named co authorized by the corpor forida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	Change	Its registered s registered RS IN 12 Addition
office or registered agent, or both, in the S agent Lam familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered 2. OFFICERS TREE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 TILE AME THEET ADDRESS TV - ST - 2P OLE AME THEET ADDRESS TY - ST - 2P OLE AME THEET ADDRESS TY - ST - 2P OLE AME	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE DELETE	tes, the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     DATE     Change     Change     Change	Its registered a registered RS IN 12 Addition
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered 2. OFFICERS It.E DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 IT.E	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE DELETE DELETE	tes, the above-named co authorized by the corpor korida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Durpose of changing     Durpose of changing     Date     Date     Change     Change     Change     Change	its registered s registered RS IN 12 Addition Addition
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or preted name of registered 2. OFFICERS TILE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 TILE LADRESS DTY-ST-ZIP TILE LADRESS DTY-ST-ZIP	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi atile. (NO DELETE DELETE DELETE	tes, the above-named co authorized by the corpor korida Statutes. TE: Registered Agent signal re-req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     DATE     Change     Change     Change	Its registered a registered RS IN 12 Addition
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE 2. OFFICERS ILE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 ITFE ILE MIAMI FL 3400 ILE MIAMI	State of Florida. Suc obligations of, Secti id agent and the it applica	ch change was on 607.0505. Fi able (NO DELETE DELETE DELETE	tes, the above-named co authorized by the corpor korida Statutes. TE: Registered Agent signal re-req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Durpose of changing     Durpose of changing     Date     Date     Change     Change     Change     Change	its registered s registered RS IN 12 Addition
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered 2. OFFICERS DP COHEN, ELJ 219 N MIAMI AVE MIAMI FL 33128 ITLE ITLE ITLE ITLE ITLE ITLE ITLE ITLE	State of Florida. Suc obligations of, Secti id agent and the if apples AND DIRECTORS	Ch change was on 607.0505. Fi able (NO DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes. the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     Change     Change     Change     Change     Change	Its registered s registered RS IN 12 Addition Addition
office or registered agent, or both, in the S agent L am familiar with, and accept the of SIGNATURE Signature, typed or printed name of registered 2. OFFICERS ITLE DP COHEN, ELI 219 N MIAMI AVE MIAMI FL 33128 ITLE ADDRESS ITY-SI-ZIP ITLE ADDRESS ITY-SI-ZIP ITLE ADDRESS ITY-SI-ZIP ITLE I ADDRESS ITY-SI-ZIP ITLE I AME TREET ADDRESS ITY-SI-ZIP ITLE I AME TREET ADDRESS ITY-SI-ZIP ITLE I AME TREET ADDRESS ITY-SI-ZIP	State of Florida. Suc obligations of, Secti id agent and the if apples AND DIRECTORS	Ch change was on 607.0505. Fi able (NO DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes. the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     Change     Change     Change     Change     Change	its registered s registered RS IN 12 Addition Addition Addition
office or registered agent, or both, in the S agent Lam familiar with, and accept the of SIGNATURE Signature. Typed or printed name or registered 2. OFFICERS TREELADDRESS atty - ST-ZIP TUE THE ADDRESS TY - ST-ZIP TUE THE ADDRESS TY - ST-ZIP TUE THE ADDRESS TY - ST-ZIP TUE THE ADDRESS TY - ST-ZIP TUE THE ADDRESS STY - ST-ZIP TUE THE ADDRESS STY - ST-ZIP TUE THE ADDRESS STY - ST-ZIP TUE THE ADDRESS STY - ST-ZIP	State of Florida. Suc obligations of, Secti id agent and the if apples AND DIRECTORS	Ch change was on 607.0505. Fi able (NO DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	tes. the above-named co authorized by the corpor lorida Statutes. TE: Registered Agent signature req <b>13.</b> 1.1 TITLE 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	ation's board of directors. I hereby acce	PL     Ourpose of changing     DATE     DATE     DATE     Change     Change     Change     Change     Change	Its registered s registered RS IN 12 Addition Addition