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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000077004 (7)

1. Corporation Name
AUTO ELECTRIC MFG. CORP.



Principal Place of Business: **6601 LYONS ROAD, STE. F-2 COCONUT CREEK FL 33073**
Mailing Address: **6601 LYONS ROAD, STE. F-2 COCONUT CREEK FL 33073-3622**

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 10/19/1994 | 3a. Date of Last Report 04/15/1996 |
| 4. FEI Number 65-0545521 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------|------------------------|
| 21. Principal Place of Business | 2a. Mailing Address |
| 22. Suite, Apt #, etc. | 26. Suite, Apt #, etc. |
| 23. City & State | 27. City & State |
| 24. Zip | 29. Zip |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent
**BENEDON, STEVEN S
10720 N.W. 55 PLACE
CORAL SPRINGS FL 33076**

10. Name and Address of New Registered Agent

| | |
|--------------------------------------------------------|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------------------|
| TITLE | C <input type="checkbox"/> DELETE |
| NAME | BENEDON, IRV |
| STREET ADDRESS | 15774 LOCH MAREE LA. APT 3808 |
| CITY - ST - ZIP | DELRAY BEACH FL |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | BENEDON, LINDA |
| STREET ADDRESS | 10720 NW 55TH PL |
| CITY - ST - ZIP | CORAL SPRINGS FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | BENEDON, ROSALIND |
| STREET ADDRESS | 15774 LOCH MAREE LA. APT 3808 |
| CITY - ST - ZIP | DELRAY BEACH FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | BENEDON, STEVEN |
| STREET ADDRESS | 10720 NW 55TH PL |
| CITY - ST - ZIP | CORAL SPRINGS FL 33076 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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.

SIGNATURE: *Steven S. Benedon* 4/18/97 954-420-0254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)