FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084647 (4)**

1. Corporation Name

GOOD LUCK ELECTRONICS, INC.

Principal Place of Business	Mailing Address
223 E FLAGLER ST MIAMI FL 33131	223 E FLAGLER ST MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1994**

3a. Date of Last Report:

21	2. Principal Place of Business	26	2a. Mailing Address: 245 S.E. 1ST STREET#
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.: 226
23	City & State	28	City & State: MIAMI, FL. 33131
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: #65-0537455 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POSTELNEK, MARC
407 LINCOLN RD
SUITE 11-B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE

(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SZTERN, LEON	12 NAME	
STREET ADDRESS	2555 COLLINS AVE APT 2207	13 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL 33140	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ZIRULNIKOFF, NORBERTO	22 NAME	
STREET ADDRESS	16445 COLLINS AVE APT 1628	23 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL 33160	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SCHAMY, URIEL	32 NAME	
STREET ADDRESS	250 NE 212 ST	33 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL 33179	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	BROMBERG, NESTOR	42 NAME	
STREET ADDRESS	1925 NE 193 ST	43 STREET ADDRESS	
CITY ST ZIP	N MIAMI BEACH FL 33179	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 added to the report with an address.

SIGNATURE: _____ 4-20-95 (305) 375-0495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131398 CP