PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000036223**

Corporation Name

MUNDO FLECTRONICS, INC.

Principal	Place	of	Business
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Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90101 024 ***150.00

Principal Place	e of Business	Mailing Address		1 10013901 1(0 (0(0) 0(1) 00))) 44131 4931 84141	
5531 N W 72 AVE 5531 N W 72 AVE MIAMI FL 33166 MIAMI FL 33166					
				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualifed	
				05/02/1995	
2. Principal P	lace of Business	2a. Mailing Address	и	4. FEI Number	Applied For
21 727		26 7225 NW 25	T ST	65-0593153	- Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22	203	203		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIA	mai, FL.	28 MIAMI, FL	<u>_</u> -	Trust Fund Contribution	Added to Fees
Zip	Country		ountry	8. This corporation owes the current year In	
24 331	2- b 25 USA	29 3 5 1 2 6 30	usA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
1/40	0514 10010		81 Name		
	SEM, ABBAS		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
	S W 26 RD				
MIAN	/II FL 33129		83	·	
			84 City		85 Zip Code
				<u> </u>	
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was authorized ons of, Section 607.0505, Florida St	zea by the corborat	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	pintment as registered
40	Signature, typed or printed name of registered agent OFFICERS AND			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P OFFICERS AND		I TITLE	ADDITIONO (OF INTO EAST OF EAST O	Change Addition
NAME	HIJAZI, HASSAN A	_	NAME		
	4504 DELLA 18074 AND		S STREET ADDRESS		
STREET ADDRESS	CORAL GABLES FL 33156		CITY-ST-ZIP		,
CITY-ST-ZIP TITLE	VP		TITLE		☐ Change ☐ Addition
NAME	HIJAZI, ADNAN	2.2	2 NAME		:
STREET ADDRESS	********	23	STREET ADDRESS	اره ه بير مع اين مع اين المعالي الم ن المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم ا	The same of the sa
CITY-ST-ZIP	CORAL GABLES FL 33156		4 CITY-ST-ZIP		
TITLE	ST ST		I TITLE		Change Addition
NAME	KASSEM. ABBAS I	3.2	NAME		}
STREET ADDRESS		3.3	STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129	3.4	4. CITY-ST-ZIP		
TITLE	ING WATER CONTES		TITLE	,	☐ Change ☐ Addition
NAME		4 :	2 NAME		
STREET ADDRESS		4.3	STREET ADDRESS		
CITY-ST-ZIP		4.4	4 CITY-ST-ZIP		
TITLE			TITLE		☐ Change ☐ Addition
NAME		5.2	2 NAME		
STREET ADDRESS		5.3	3 STREET ADORESS		
CITY-ST-ZIP		5.4	4 CITY-ST-ZIP		
TITLE		☐ DELETE 6.1	1 TITLE		☐ Change ☐ Addition
NAME		6.2	2 NAME		
STREET ADDRESS		6.3	3 STREET ADDRESS		
	I		. O.T. OT 31D		Į.

14. I 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 attashment with an address, with all other like empowered.

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ____RED