FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # P95000067485(9)

1. Corporation Name
PREMIUM ELECTRONICS, INC.

Principal Place of Business / Mailing Address
2555-A N.W. 107th AVENUE
MIAMI, FLORIDA 33172

3. Date Incorporated or Qualified: 08-31-95
3a. Date of Last Report: 1996
4. FEI Number: 65-0604389 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business: SAME AS ABOVE
2a. Mailing Address: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

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 s. 199.052 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GREEN ROBERT B.
10300 SOUTH WEST 72 STREET
STE # 435
MIAMI, FLORIDA 33173

10. Name and Address of New Registered Agent
Name: JOSE D. ENRIQUEZ Jr.
Street Address (P.O. Box Number is Not Acceptable): 520 N.W. 109th AVENUE # 2
City: MIAMI, FL Zip Code: 33172

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 ________ 4-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT WALKER, KELLI 10300 S.W. 72 ST # 435 ~~MIAMI, FLORIDA 33173~~ ■ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/S/T/D SANTIAGO, PETER RALPH 2555-A N.W. 107th AVENUE MIAMI, FLORIDA 33172 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D RANDOLPH McKEAN 6401 S.W.87 AVENUE SUITE 210 MIAMI, FLORIDA 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D LEONARD LEVENSTEIN 6401 S.W. 87 AVENUE, SUITE 210 MIAMI, FLORIDA 33173 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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 attachment with an address.

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

0246308