## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000067485 (9)

PREMI	UM ELECTRONICS, INC.	(0,			
Principal Place of Business		Mailing Address			E LODGIERE ISA LOTAL DITILI EDECT ADRIT DELLA DELLA DELLA DELLA DITENTALE DITILI DELLA
2555-A N.W. 107TH AVENUE MIAMI FL 33172		2555-A N.W. 107TH AVENUE MIAMI FL 33172			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
Principal Place of Business     2a. Mailing Address				08/31/1995	
		2a. Mailing Address			4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0604389 Not Applicable	
22 27					5. Certificate of Status Desired Section Fee Required
City & State City & State 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zîp 24	Country 25	Zip 3	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
ENRIQUEZ, JOSE D JR.			81	Name	
520 N.W. 109TH AVENUE #2 MIAMI FL 33172			82	Street	Address (P.O. Box Number is Not Acceptable)
MIMINI FL 331/2			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12. OFFICERS AND DIRECTORS 13.				ent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	SANTIAGO, PETER RALPH		1.2 NAME		Onange Addition
OCCC A NAME ACCOUNT			T ADDRESS		

MIAMI FL 33172 CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE TITLE ☐ Change 2.1 TITLE Addition NAME MCKEAN, RANDOLPH 2.2 NAME STREET ADDRESS 6401 S.W. 87 AVENUE SUITE 210 2.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE ☐ DELETE ☐ Change 3.1 TITLE Addition NAME LEVENSTEIN, LEONARD 3.2 NAME STREET ADDRESS 6401 S.W. 87 AVENUE, SUITE 210 3.3 STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE \_\_\_ DELETE Change 5.1 TITLE Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5,4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

REQUIRED

1/17/98

305-7189200

**FILED** 

Jan 23 1998 8:00am

Secretary of State

CHZE034 (10/97)