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**Apr 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000068393 (4)

1. Corporation Name
ACTIVE ELECTRONIC SUPPLY AND MANUFACTURING, INC.



Principal Place of Business 831 VILLAGE BLVD., #905-392 WEST PALM BEACH FL 33409	Mailing Address 931 VILLAGE BLVD., #905-392 WEST PALM BEACH FL 33409-1944
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3. Date Incorporated or Qualified 09/08/1995	3a. Date of Last Report 01/26/1996
4. FEI Number 65-0605471	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**MULLIN, JAMES G
2263 NW BOCA RATON BLVD., #205
BOCA RATON FL 33431**

81. Name Valdes-Fauli Corporate Services, Inc.
82. Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive, Suite 500-East
83.
84. City West Palm Beach
85. Zip Code FL 33401

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 *Kenneth Meehan* DATE **4/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> DELETE	DIROMA, MARIA
NAME	1050 B PARKSIDE GREEN DRIVE
STREET ADDRESS	WEST PALM BEACH FL 33415
CITY-ST-ZIP	Director & Vice President
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MULLIN, JAMES G
STREET ADDRESS	2263 NW 2ND AVE. #205
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Joseph Mancino, Dir & Vice-President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	2263 NW Boca Raton Blvd., #205
1.3 STREET ADDRESS	Boca Raton, Florida 33431
1.4 CITY-ST-ZIP	
2.1 TITLE	Director & Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ricardo De Govia
2.3 STREET ADDRESS	3130 Jasmine Court
2.4 CITY-ST-ZIP	Delray Beach, FL 33483
3.1 TITLE	Director and Vice President & Asst. Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maxime F. Jean-Louis
3.3 STREET ADDRESS	2263 NW Boca Raton Blvd., #205
3.4 CITY-ST-ZIP	Boca Raton, FL 33431
4.1 TITLE	President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paula De Govia
4.3 STREET ADDRESS	2263 NW Boca Raton Blvd., #205
4.4 CITY-ST-ZIP	Boca Raton, FL 33431
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 *Maximo J. Valdes* DATE **4/24/97** DAYTIME PHONE # **561 471-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)