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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000092670 (5)**

1. Corporation Name

NATIONAL ELECTRONIC TECHNOLOGIES, INC.



Principal Place of Business

**12249 S.W. 14TH LANE
#1206
MIAMI FL 33184-2869**

Mailing Address

**12249 S.W. 14TH LANE
#1206
MIAMI FL 33184-2869**

3. Date Incorporated or Qualified

12/06/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FLOR, DAVID
12249 S.W. 14TH LANE
#1206
MIAMI FL 33184-2869**

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

Signature (typed or printed name of registered agent and the corporation)

NOTE: Registered Agent Signature required when new or changed.

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FLOR, DAVID**
STREET ADDRESS **12249 S.W. 14TH LANE #1206**
CITY - ST - ZIP **MIAMI FL 33184-2869**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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CITY - ST - ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/M** ☐ Change ☒ Addition

1.2 NAME **GARCELL, JORGE**
1.3 STREET ADDRESS **9800 N.W. 10th STREET**
1.4 CITY - ST - ZIP **PEMBROKE PINES, FL 33024**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **VIDAL, JOSE**
2.3 STREET ADDRESS **9800 N.W. 10th STREET**
2.4 CITY - ST - ZIP **PEMBROKE PINES, FL, 33024**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **GARCELL, JOSE**
3.3 STREET ADDRESS **9800 N.W. 10th STREET**
3.4 CITY - ST - ZIP **PEMBROKE PINES, FL, 33024**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jose Ramon Vidal **JOSE R VIDAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/16/96 **(305) 554-0200**
Date Date

CR2E034 (12/95)