

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093527 (6)

1. Corporation Name

PAN AMERICAN ELECTRONICS DISTRIBUTOR, INC.



Principal Place of Business

Mailing Address

5001 HIATUS ROAD
SUNRISE FL 33351

5001 HIATUS ROAD
SUNRISE FL 33351

2. Principal Place of Business

2a. Mailing Address

21 5701 N. PINE ISLAND RD

26 5701 N. PINE ISLAND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 330

27 Ste 330

City & State

City & State

23 TAMARAC FL.

28 TAMARAC FL.

Zip

Country

Zip

Country

24 33321

25 US

29 33321

30 US

9. Name and Address of Current Registered Agent

O'SHEA, KEVIN
5001 HIATUS ROAD
SUNRISE FL 33351

3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

7/12/96

4. FEI Number

Applied For

Not Applicable

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. 199.032,
Florida Statutes ☒ Yes ☐ No

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 of the person designated as registered agent and the applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS O'SHEA, KEVIN
CITY-ST-ZIP 5001 HIATUS ROAD
SUNRISE FL 33351

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BURY, DICK
CITY-ST-ZIP C/O 5001 HIATUS ROAD
SUNRISE FL 33351

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BURCHILL, JACK
CITY-ST-ZIP C/O 5001 HIATUS ROAD
SUNRISE FL 33351

TITLE ☐ DELETE
NAME TD
STREET ADDRESS RITCHELLI, FRANK
CITY-ST-ZIP C/O 5001 HIATUS ROAD
SUNRISE FL 33351

TITLE ☐ DELETE
NAME D
STREET ADDRESS KORMAN, SCOTT
CITY-ST-ZIP C/O 5001 HIATUS ROAD
SUNRISE FL 33351

TITLE ☐ DELETE
NAME D
STREET ADDRESS ABBONDANZIO, PAT
CITY-ST-ZIP C/O 5001 HIATUS ROAD
SUNRISE FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin J. O'Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-720-3266
Display Phone