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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P95000096289**  
1. Corporation Name  
**ELECTRONICS AND APPLIANCES TRADING CORPORATION**

Principal Place of Business Mailing Address  
**7220 N.W. 36th Street  
Suite 642  
Miami, FL 33166**

3. Date Incorporated or Qualified **12/20/95** 3a. Date of Last Report **8/20/96**  
4. FEI Number **65-0697419** 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

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

9. Name and Address of Current Registered Agent  
**Paul M. Cummings, Esq.  
Weiner, Cummings & Vittoria  
1428 Brickell Avenue  
Suite 400  
Miami, Florida 33131**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE ☐ DELETE 11 TITLE ☐ Change ☐ Addition  
NAME **Director** 12 NAME **500002295815--6**  
STREET ADDRESS **Guido Lucioni Chirinos** 13 STREET ADDRESS **-09/17/97--01088--002**  
CITY-ST-ZIP **Av. Paseo de la Republica #3135** 14 CITY-ST-ZIP **\*\*\*\*550.00 \*\*\*\*550.00**  
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME **D/P** 2.2 NAME  
STREET ADDRESS **Alvaro Lucioni Chirinos** 2.3 STREET ADDRESS  
CITY-ST-ZIP **Av. Paseo de la Republica #3135** 2.4 CITY-ST-ZIP  
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME **D/T** 3.2 NAME  
STREET ADDRESS **Renzo Lucioni San Román** 3.3 STREET ADDRESS  
CITY-ST-ZIP **Av. Paseo de la Republica #3135** 3.4 CITY-ST-ZIP  
TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
NAME **Director** 4.2 NAME  
STREET ADDRESS **Marco Lucioni San Román** 4.3 STREET ADDRESS  
CITY-ST-ZIP **Av. Paseo de la Republica #3135** 4.4 CITY-ST-ZIP  
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition  
NAME **Secretary** 5.2 NAME  
STREET ADDRESS **Juan Jiménez Huapaya** 5.3 STREET ADDRESS  
CITY-ST-ZIP **1110 Brickell Avenue, Suite 509** 5.4 CITY-ST-ZIP  
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 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: **Hequin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/14/97 (305) 592-3330**  
Date Daytime Phone #

CR2E034 (9/96)