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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600004645

GYP ELECTRONIC, INC.

FILED May 21 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address						
7008_EW_462ND_AVENUE_NO: 205 MIANH_PE-53163		7000 <u>014 45010-41/ENDE-110-205</u> Miaaii -Cu-00100-112 7						
					3. Date Incorporated or Qualified 01/16/1996	Sa. Date of Last	Report	
2. Principal Place of Business		Mailing Address			4. FEI Number	0 17	Applied For	
21 6700 NW 186 ST		26 6700 NW 186 ST			65-06345	ゴ / ロ	Not Applicable	
Suite, Apt. #, etc. 22 # 410		Suite, Apt. #, etc. 27 # 410			5. Certificate of Status Desired	Desired Sa.75 Additional Fee Required		
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	<i>,</i> :	8. This corporation has liability for			
24 33015 25	USA 29	33015 3		5 <u>A</u>		Yes No		
	d Address of Current Regis	stered Agent			10. Name and Address of New R	egistered Agent		
OROZCO, HILMAR H				81 Name OROZCO, HILMAR H.				
7888 CW 152ND ALENUE 110, 205			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
M iami-FL 00103			_	6700 l	W 186 ST # 410	······································		
			83					
			84	City		85 Zij	o Code	
				City MLA		FL 3	30/5	
 Pursuant to the provisions office or registered agent 	s of Sections 607.0502 and 6 Lor both, in the State of Flori	807.1508, Florida Statutes,	the abov	e-named corporate	poration submits this statement for the tion's board of directors. I hereby acceptable	purpose of changing on the appointment a	its registered	
agent. I am familiar with,	and accept the obligations of	, Section 607.0505, Florid	da Statute	S.	none bound of difference. Cripinos y didoc	pe trib appointment o		
SIGNATURE								
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w 12. OFFICERS AND DIRECTORS 					red when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	100 M 40	
12.	OFFICERS AND DIRE	DELETE	13.		ADDITIONS/CHANGES TO OFFI	Change		
VAZQUEZ,	ANGEI	C better	1.2 NAME				, Li rudinon	
ALECTA UPA 44		•	1	LIDDETCO			j	
MANAGARA ETANG TIRIA		1.3 STREET ADDRE 1.4 City-St-Zip						
CITY - ST - ZIP MAKACAIDA	O CIADO COUA	DELETE	2.1 TITLE	51-217		Change	Addition	
1	, GUILLERMO		22 NAME	ì		Land Orlainge		
STREET ADDRESS AVENIDA 1	•		2.3 STREE	r Annaess			1	
	HON LAGO MAR BEACH	•	2 4 CiTY-	ì			1	
7171.5		☐ DELETE	3.1 TITLE	<u></u>		Change	Addition	
NAME	•		3.2 NAME			• • • • • • • • • • • • • • • • • • • •		
STREET ADDRESS		·	3.3 STREE	ADDRESS			1	
City-St-ZiP			3.4. CITY-	ST - ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME	ļ				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CHTY-ST-ZHP			4.4 CITY-	ST-ZIP			. }	
TOTALE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			52 NAME					
STREET ADORESS			53 STAEE	T ADDRESS	•		j	
CITY-SI-2#			5.4 CITY+	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	1	•			
STREET ADDRESS			6.3 STREE	T ADDRESS				
City - St - ZiP		Λ	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 discliver 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 any attachment with an address.

SIGNATURE: