	PLICAT FOR ISTATE	ION	E READ	FLORID		NT OF STATE ortham State]		· · · · · · · · · · · · · · · · · · ·		
DOCUMENT # P9600009146 1. Dorporation Name						9991	98 JUL 27 AM 9: 00				
	BEACH PHOTO & ELECTRONICS, INC.							SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business 2220 COLLINS AVENUE MIAMI BEACH FL 33139			Malling Address 2220 COLLINS AVENUE MIAMI BEACH FL 33139								
If above addresses are incorrect in any way, line through incorrect information and en 2. New Principal Office Address, If Applicable 3. New Mailing Office Address							4. Date Incorr To Do Bus	vorated or Qualified	01/26/1996		
Suite, Apt.	Suite, Apt. #, etc.				etc.		5. FEI Numbe	<u> </u>	Applied For		
City & Stat	City & State			City & State			65-0	927572	Not Applicable		
Zip		Country		Zip	Coun	try	6 Certificat	E OF STATUS DESIRED	State Additional Fee required		
7. Names	and Street Ad			r Director (Flo		rations must list at lea		······································			
Title(s) 1	2	Name of Officers and/or Directors 3 (Do 1				treet Address of Each officer and/or Director Use Post Office Box N	u umbers)	4	City / State / Zip		
PSD	CANDIOT	fi, jonath	AN		2220 COLLINS	AVENUE		MIAMI BEACH FL	. 33139		
				R	EINST/	ATEMEN	n 9'		38 01 1100010 1.00 *****900.00		
	. Nan	ne and Addr	T.5 DBBS of Current F	. 7/	29		9. Name and	Address of New Regis	stered Agent		
CANDIOTT, JONATHAN						Name					
220 COLUNS AVENUE MAMI BEACH FL 33139						Street Address (P.O. Box Number is Not Acceptable)					
MILINI DEMAT PL 33138											
		•				City			State Zlp Code		
10. I, bein Signature d Registered	a d	e registered	nalli	GISTERED AG	udiat	with and accept the of	bligations of Sec	lion 607.0505, F.S. Date $3/2$	9/98		
			wes or ha al Propert		e current ye June 30.	ear Yes 🖾	No 🗌		other side for information on intangible tax.)		
this rain	nstateinent en	olication the	reason for dissol	ution has been	eliminated the corr	orate name satisfies	the requirement	of section 607 0401 o	I turther certify that when filing r 617.0401, F.S., that all fees i), F.S. The information indicated		
SIGNA				ITED NAME OF		DIRECTOR		/ 12/22/ Date	97 Daytime Phone #		

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