

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90096 049 ***150.00

DOCUMENT # P96000013408

1. Entity Name
PRESTIGE ELECTRONICS, INC.

Principal Place of Business Mailing Address
7500 N.W. 25 Street same
Unit 1
Miami, Florida 33122

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

80038652

DO NOT WRITE IN THIS SPACE

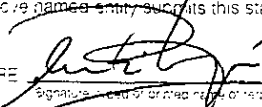
4. FFL Number: **65-0654654** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SEBASTIAN BAYON
12270 S.W. 4 Terrace
Miami, Florida 33184

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:  **SEBASTIAN BAYON** **3/9/00**

Signature of Secretary of State or other state agent and file if applicable. NOTE: Registered Agent's signature required when transferring.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01		
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carlos Collarte		NAME		
STREET ADDRESS	245 S.E. 1 St. # 403		STREET ADDRESS		
CITY-STATE-ZIP	Miami, Florida		CITY-STATE-ZIP		
TITLE	V.P./Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sebastian Bayon		NAME		
STREET ADDRESS	12270 S.W. 4 Terrace		STREET ADDRESS		
CITY-STATE-ZIP	Miami, Florida 33184		CITY-STATE-ZIP		
TITLE	Sec./Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel De Godoy		NAME		
STREET ADDRESS	13000 S.W. 69 Ct.		STREET ADDRESS		
CITY-STATE-ZIP	Pinecrest, Fla. 33156		CITY-STATE-ZIP		
TITLE	Treas./Director	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ofelia De Godoy		NAME		
STREET ADDRESS	13000 S.W. 69 Ct.		STREET ADDRESS		
CITY-STATE-ZIP	Pinecrest, Fla. 33156		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the holder of the State-empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SEBASTIAN BAYON VP** **3/9/00** **305 358-5995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR