

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

FILED  
May 21 1997 8:00am  
Secretary of State

|                                                |                                                                                   |                                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DOCUMENT # **P96000020231 (1)**

1. Corporation Name

ARM ELECTRONICS CORP.  
3563 NW 53RD COURT  
FT. LAUDERDALE, FL 33309

Principal Place of Business

3563 NW 53RD COURT  
FT. LAUDERDALE FL 33309  
US

Mailing Address

3563 N.W. 53 COURT  
FT. LAUDERDALE FL 33309-6344  
US

3. Date Incorporated or Qualified  
**MARCH 11, 1996**

3a. Date of Last Report

4. FEI Number  
**65-0647003**

Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**BRAHMS, RUSSELL**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3563 NW 53rd COURT**  
83  
84 City  
**FT. LAUDERDALE** **FL** 85 Zip Code  
**33309**

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 |                                           |
|----------------------------|-------------------------------------------|
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE |
| NAME                       | <b>BRAHMS, RUSSELL</b>                    |
| STREET ADDRESS             | <b>3563 NW 53RD COURT</b>                 |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL</b>                  |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |                                           |
| STREET ADDRESS             |                                           |
| CITY-ST-ZIP                |                                           |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |                                           |
| STREET ADDRESS             |                                           |
| CITY-ST-ZIP                |                                           |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |                                           |
| STREET ADDRESS             |                                           |
| CITY-ST-ZIP                |                                           |
| TITLE                      | <input type="checkbox"/> DELETE           |
| NAME                       |                                           |
| STREET ADDRESS             |                                           |
| CITY-ST-ZIP                |                                           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME                                              |                                                                   |
| 1.3 STREET ADDRESS                                    |                                                                   |
| 1.4 CITY-ST-ZIP                                       |                                                                   |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME                                              |                                                                   |
| 2.3 STREET ADDRESS                                    |                                                                   |
| 2.4 CITY-ST-ZIP                                       |                                                                   |
| 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              |                                                                   |
| 3.3 STREET ADDRESS                                    |                                                                   |
| 3.4 CITY-ST-ZIP                                       |                                                                   |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME                                              |                                                                   |
| 4.3 STREET ADDRESS                                    |                                                                   |
| 4.4 CITY-ST-ZIP                                       |                                                                   |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME                                              | <b>500002201815</b>                                               |
| 5.3 STREET ADDRESS                                    | <b>-06/04/97--01091--022</b>                                      |
| 5.4 CITY-ST-ZIP                                       | <b>***165.00</b>                                                  |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME                                              |                                                                   |
| 6.3 STREET ADDRESS                                    |                                                                   |
| 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I do hereby certify that the information supplied with this filing is true and correct for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information is based on the 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. 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, as applicable, or on an attachment with an address.

CR2E034 (9/96)