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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000052488 (9)**

1. Corporation Name
GASTON ELECTRONICS, INC.

Principal Place of Business	Mailing Address
2500 HOLLYWOOD BLVD SUITE 215 HOLLYWOOD FL 33020	2500 HOLLYWOOD BLVD SUITE 215 HOLLYWOOD FL 33020-6815

3. Date Incorporated or Qualified: 06/19/1996
3a. Date of Last Report:

2. Principal Place of Business
21 1222 N.E. 4th Avenue
22 Suite, Apt. #, etc.
23 City & State: Fort Lauderdale, Fl
24 Zip: 33304
25 Country: U.S.

2a. Mailing Address
26 1222 N.E. 4th Avenue
27 Suite, Apt. #, etc.
28 City & State: Fort Lauderdale, Fl
29 Zip: 33304
30 Country: U.S.

4. FEI Number: 65-0730309 ☐ 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

9. Name and Address of Current Registered Agent
LABOSSIERE, MARC
2500 HOLLYWOOD BLVD SUITE 215
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name: Labossiere Marc
82 Street Address (P.O. Box Number is Not Acceptable): 1222 N.E. 4th Avenue
83
84 City: Fort Lauderdale FL 85 Zip Code: 33304

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: Marc Labossiere
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VILLENEUVE, ANDRE		1.2 NAME	
STREET ADDRESS	9 CHATEAU SALINS, VILLE LORRAINE		1.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, CANADA J6Z 3P4		1.4 CITY-ST-ZIP	
TITLE	[illegible]	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	[illegible]		2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			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	

CR2E034 (9/96)

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: [signature] ANDRÉ VILLENEUVE 10/04/97 954-925-7006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127455