

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000053032 (4)**

**1. Corporation Name  
I D Y ELECTRONICS CORP.**



**Principal Place of Business Mailing Address  
10920 W FLAGLER ST #103 10920 W FLAGLER ST #103  
MIAMI FL 33174 MIAMI FL 33174-1278**

**3. Date Incorporated or Qualified 06/20/1996**  
**3a. Date of Last Report**  
**4. FEI Number 65-0676655**  
**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**

**2. Principal Place of Business 2a. Mailing Address**  
**21 26**  
**Suite, Apt. #, etc. Suite, Apt. #, etc.**  
**22 27**  
**City & State City & State**  
**23 28**  
**Zip Country Zip Country**  
**24 25 29 30**

**9. Name and Address of Current Registered Agent**  
**CHENTE, GUILLERMO D  
10920 W FLAGLER ST #103  
MIAMI FL 33174**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83**  
**84 City FL 85 Zip Code**

**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 of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DELETED</b>
<b>NAME</b>	<b>DELETED</b>
<b>STREET ADDRESS</b>	<b>DELETED</b>
<b>CITY - ST - ZIP</b>	<b>DELETED</b>
<b>TITLE</b>	<b>DELETED</b>
<b>NAME</b>	<b>DELETED</b>
<b>STREET ADDRESS</b>	<b>DELETED</b>
<b>CITY - ST - ZIP</b>	<b>DELETED</b>
<b>TITLE</b>	<b>DELETED</b>
<b>NAME</b>	<b>DELETED</b>
<b>STREET ADDRESS</b>	<b>DELETED</b>
<b>CITY - ST - ZIP</b>	<b>DELETED</b>
<b>TITLE</b>	<b>DELETED</b>
<b>NAME</b>	<b>DELETED</b>
<b>STREET ADDRESS</b>	<b>DELETED</b>
<b>CITY - ST - ZIP</b>	<b>DELETED</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Guillermo Chente*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **DAY/MO/PHONE #**

CR2E034 (9/96)