

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053070 (4)

1. Corporation Name
BRANDS ELECTRONICS CORP.



Principal Place of Business

169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

Mailing Address

169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131-1207

2. Principal Place of Business

21 3600 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

22 365

City & State

23 FL. MIRAMAR

Zip

24 33023

Country

25 BROWARD

2a. Mailing Address

26 3600 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

27 365

City & State

28 FL. MIRAMAR

Zip

29 33023

Country

30 BROWARD

9. Name and Address of Current Registered Agent

THOMPSON, DISNEY D
169 EAST FLAGLER ST.
SUITE 1527
MIAMI FL 33131

3. Date Incorporated or Qualified

06/21/1996

3a. Date of Last Report

3-15-97

4. FEI Number

65-0691519

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

10. Name and Address of New Registered Agent

81 Name

GONCALVES OLIVARIO

82 Street Address (P.O. Box Number is Not Acceptable)

3600 SOUTH STATE ROAD 7

83

365

84 City

MIRAMAR

FL

85 Zip Code

33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DOS RAMOS, OLGARIO G
STREET ADDRESS 169 E. FLAGLER ST. #1527
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME DE GONCALVES, ZULEIMA N
STREET ADDRESS 169 E. FLAGLER ST. #1527
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME FRANKEL, CECILIA
STREET ADDRESS 169 E. FLAGLER ST. #1527
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo/Phone #

4-8-97 (954) 985-39-77

CR2E034 (9/96)