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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057341 (5)

TRIPLE A ELECTRONIC, INC.

## **FILED** May 14 1998 8:00am Secretary of State



Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
3. Date incorporated or Qualified O7/05/1998 22. Principal Piace of Husiness 22. Musling Address 4. FEI Number 65-0683820 Suite. Apt #, etc. 26 Suite. Apt #, etc. 27 Suite. Apt #, etc. 28 Suite. Apt #, etc. 29 Suite. Apt #, etc. 20 Suite. Apt	Applied For
2. Principal Place of Husiness 2. Mailing Address 2. Mailing Address 3. Unite, Apt. #, etc. 5. Certificate of Status Desired 65-0883820 5. Suite, Apt. #, etc. 65. Certificate of Status Desired 65. Certificate o	
2. Principal Piace of Husiness 21   JB 89   New B 7   25   25   25   27   27   20   27   28   28   28   28   28   28   28	
Sulte, Apt. M, etc.  Sulte, Apt. M, etc.  Sulte, Apt. M, etc.  City & State  City & State  City & State  Country  Zep  Zep  Country  Zep  Zep  Country  Zep  Zep  Zep  Country  Zep  Zep  Zep  Zep  Zep  Country  Zep  Zep  Zep  Zep  Zep  Zep  Zep  Ze	
Suite, Apt. #, etc.  22  27  City & State  28  City & State  29  Country  29  Country  29  Country  29  Country  29  Country  29  30  Recommend Address of Current Registered Agent  APONTE, FABIO 18891 NW 89TH PLACE MIAMI FL 33015  11. Pursuant to the provisions of Socients 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept agent. I am familiar with and secret the politicinaries of Statutes. Signature  12. OF ECERS AND DIFFE CIORS  SIGNATURE  APONTE, FABIO 18891 NW 89TH PLACE MIAMI FL 33015  12. OF ECERS AND DIFFE CIORS  SIGNATURE  SIGNATURE  APONTE, FABIO 18891 NW 89TH PLACE MIAMI FL 33015  12. OF ECERS AND DIFFE CIORS  TITLE  APONTE, FABIO 18891 NW 89TH PLACE 1.3 STREET ADDRESS  CITY-ST-2P  MIAMI FL 33015  DELETE 21 TITLE  DELETE 3.1 TITLE  AMME 22 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 34 CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 NAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE 3.1 TITLE  ANAME 32 STREET ADDRESS  ANAME 33 STREET ADDRESS  ANAME 34 CITY-ST-2P  TITLE  TITLE  DELETE 3.1 TITLE  ANAME 32 STREET ADDRESS  ANAME 32 STREET ADDRESS  ANAME 33 STREET ADDRESS  ANAME	Not Applicable
City & Stete  23	SQ 75 Additional
Trust Fund Contribution  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Fee Required
25	\$5.00 May Be Added to Fees
APONTE, FABIO 18891 NW 89TH PLACE MIAMI FL 33015  11. Pursuant to the provisions of Societies 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the puroffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept this obligations of Societies of Plorida Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept this obligations of Societies of Florida Statutes.  SIGNATURE    12.	
APONTE, FABIO 18891 NW 89TH PLACE MIAM! FL 33015  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purifice or registered agent, or hoth, in the State of Honds. Such change was authorized by the corporation's board of directors. I hereby accept agent, are harmland with any accept the publications of Sections for 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE P	
1889 I NW 89TH PLACE MIAMI FL 33015  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Florida Statules, the above-named corporation's board of directors. Thereby accept agent I am familiar with and accept the obligations of Sections 607 0505, Florida Statules  SIGNATURE  STREET ADDRESS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P	stered Agent
MIAMI FL 33015  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the puroffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept agent am familiar with and accent the obligations of Section 607.0505, Florida Statutes  SIGNATURE    State   Provision   Provisi	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purioffice or registered agent, or both, in the State of Florida Stach change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with and accept the obliginatoris of Section 607.0505, Florida Statutes  SIGNATURE    Separation of Provisions of Sections 607.0502 and 607.1508, Florida Statutes	<del>)</del>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purioffice or registered agent, or both, in the State of Florida Statutes submits and accept the obligations of Section 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  P DELETE  1.1 TITLE  APONTE, FABIO  1.2 NAME  STREET ADDRESS  18891 NW 89TH PLACE  INCHEST ADDRESS  1.3 STREET ADDRESS  MIAMI FL 33015  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  AMME  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  AMME  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  AMME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  AMME  4.1 TITLE  AMME  4.2 NAME  4.2 NAME  4.2 NAME  4.3 NAME  4.4 CITY-ST-ZIP  TITLE  AMME  4.4 CITY-ST-ZIP  TITLE  AMME  4.4 CITY-ST-ZIP  TITLE  AMME  4.4 CITY-ST-ZIP  TITLE  AMME  4.4 CITY-ST-ZIP  TITLE  4.4 TITLE	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0502 and 607.0505, Florida Statutes  SIGNATURE  Signature of powers correct registered Agent and the diagraph and the diagrap	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 607.0505, Florida Statutes  SIGNATURE    Section and account the obligations of Section 607.0505, Florida Statutes  SIGNATURE    Section and account the obligations of Section 607.0505, Florida Statutes   Section 607.0505, Florida Statutes   Section 607.0505, Florida Statutes   Section 607.0505, Florida Statutes   Statutes	85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.  Significant metric productions of registered registerative. (Not: Registered Agent significance).  12. OF FIGERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  NAME  APONTE, FABIO  1.2 NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  DELETE  3.1 TITLE  NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  DELETE  3.4 CITY-ST-2IP  TITLE  DELETE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  4.1 TITLE	FL P Code
12. OF ICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICE	the appointment as registered
TITLE	DATE
NAME   APONTE, FABIO   1.2 NAME   1.3 STREET ADDRESS   18891 NW 89TH PLACE   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   TITLE   DELETE   2.1 TITLE   NAME   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   TITLE   DELETE   3.1 TITLE   NAME   3.2 NAME   3.2 NAME   STREET ADDRESS   3.3 STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   DELETE   DELETE   DELETE   4.1 TITLE   DELETE   DE	·
1.3 STREET ADDRESS	Change Addition
DELETE   MIAMI FL 33015   1.4 CITY-ST-ZIP   TITLE   DELETE   2.1 TITLE   2.2 NAME   2.2 NAME   2.3 STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   TITLE   DELETE   3.1 TITLE   3.2 NAME   3.2 NAME   3.2 NAME   3.3 STREET ADDRESS   3.3 STREET ADDRESS   CITY-ST-ZIP   3.4 CITY-ST-ZIP   TITLE   DELETE   4.1 TITLE   DELETE   DE	
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TITLE DELETE 4.1 TITLE	
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teams	
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CITY-ST-ZIP 54 CITY-ST-7IP	
TITLE . DELETE 61 TITLE	Change Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I 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 furnicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if in officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; at	nade under oath; that I am an