

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 OCT 16 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P96000068717 (3)**

1. Corporation Name  
**ADVANCED ELECTRONICS DISTRIBUTORS, INC.**

Principal Place of Business  
**7252 SOUTH WEST 22ND STREET  
MIAMI FL 33155**

Mailing Address  
**7252 SOUTH WEST 22ND STREET  
MIAMI FL 33155**

**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	<b>2278 NW 82ND AVE</b>	26	<b>2278 NW 82ND AVE</b>
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State <b>Miami FLORIDA</b>	28	City & State <b>MIAMI FLORIDA</b>
24	Zip <b>33122</b>	29	Zip <b>33122</b>
25	Country <b>DADE</b>	30	Country <b>DADE</b>

3. Date Incorporated or Qualified <b>08/14/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0695239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROBINSON, ORLANDO  
7252 SOUTH WEST 22ND STREET  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
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 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 *Orlando Robinson*  
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	<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	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>LENNOX FLEARY</b>
1.3 STREET ADDRESS	<b>20300 NW 3rd AVE</b>
1.4 CITY-ST-ZIP	<b>Miami FL 33169</b>
2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Orlando Robinson</b>
2.3 STREET ADDRESS	<b>7252 SW 22ND ST</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33155</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>500002326075--0</b>
3.4 CITY-ST-ZIP	<b>-10/21/97--01081--007</b>
4.1 TITLE	<b>***750.00</b> <input type="checkbox"/> Change <input checked="" 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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 *Lennox Fleary* **4/8/97**

CR2E034 (4/97)