FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00							FILED			
					TMENT OF STATE		Apr 28 1997 8:00am			
	JAL REPORT Secretary of State				Secretary of State					
	1997 DIVISION OF CORPORATIONS					DNS				
DOCUN 1. Corporation		96000093	904	(6)						
•	ECTRONICS, CO	RP.		• •						
Principal Place of Business Mailing Address								HI <b>daha madu</b> man		
9688 FOUNTAIN APARTMENT 50	NBLEAU BOULEVARD	APAI	TMENT 509	LEAU BOULEV	ARD					
MIAMI FL 33172	2	MIAN	II FL 331724	1133			3. Date Incorporated or Qualified	3a. Date of	Last Re	eport
a Dring and Db	ace of Business	22.1	lailing Addre				11/15/1996 4. FEI Number			nlind For
21	·····	26	-						No	plied For LApplicable
Suile, Apt. <b>f</b> 22	#, etc.	27	uite, Apt. #,	etc.			5. Certificate of Status Desired		<b>8.75</b> A Fee Re	dditional quired
City & State	)	C	ity & State				6. Election Campaign Financing		5.00 Added to	May Be
23   Zip	Coun	· +	ip	F	Country	,	Trust Fund Contribution           8. This corporation has liability for	intangible tax u	inder s.	
24	25 9. Name and Add	29 ress of Current Registe	red Agent	30			Fiorida Statutes 10, Name and Address of New R	Yes X No		
	E, JOSE M				81	Name				
	B FOUNTAINBLEAU RTMENT 509	BOULEVARD			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	MI FL 33172				83					
					84	City		FL 85	Zip C	Code
<ol> <li>Pursuant to office or re agent. Lar</li> </ol>	to the provisions of Se egistered agent, or bo m familiar with, and ac	ctions 607.0502 and 607 th, in the State of Florida cept the obligations of, §	.1508, Floric Such chan Section 607.	la Statutes, th ge was autho 0505, Florida	ie abov rized b Statute	e-named cor / the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of char pt the appointm	nging its ient as i	s registered registered
SIGNATURE	_	me of registered agent and bild if a					ired when reinstating)	DATE	<u> </u>	
<b>12.</b> TALE	D	OFFICERS AND DIRECT	ors De		<b>13.</b> 1.1 TITLE		ADDITIONS/CHANGES TO OFFI		ECTOR: Change	S IN 12
NAME	SABGA, ANTHON		_		1.2 NAME			بيا		
STREET ADDRESS	9688 FOUNTAINE MIAMI FL 33172	BLEAU BOULEVARD, /	VPT. 509			ADDRESS				
DITY - ST - ZiP DITE	D		DE		1 4 CITY-3 2 1 Title	01ZIP			Change	Addition
NAME STREET ADDRESS	PAGE, JOSE M ORRA FOLINTAINI	BLEAU BOULEVARD, /	VPT. 500	1	2.2 NAME	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33172				2. 4 CITY-			1		
TURE NAME			🗌 DE		3.1 TITLE 3.2 NAME				Change	Addition
STHEET ADORESS						ADDRESS				
ČITY - ST-ZIP TITLE			DE		<u>3.4. CITY-</u> 4.1 TITLE	\$1-ZIP		<b></b>	Change	Addition
NAMé					4. 2 NAME			بال		
STREET ADDRESS						ADDRESS				
C(TY) ST-26P THLE			D DE	-	4.4 CITY-1 5.1 TITLE	»I · ZIP			Change	Addition
NAME			•		5.2 NAME					
STREET ADDRESS					5.3 STREE 5.4 City-1	ADORESS				
THE			DE		6 1 TITLE	·····	·····		Change	Addition
NAME			ς.		6.2 NAME					
STREET ADDRESS					6 3 STREE 6 4 City-1	ADDRESS				
DITY SLOZE										
DITY SI-ZF 14. I do hereb information	by certify that the inform	mation supplied with this nual report or supplement	filing does r tal annual re	not qualify for	the exe	motion state	d in Section 119.07(3)(i), Florida Statuti try signature shall have the same leg	al effect as if m	ify that i ade und	the lier oath: that
<ol> <li>I do hereb information I am an of</li> </ol>	indicated on this an flicer or director of the	mation supplied with this nual report or supplement corporation or the receiv 3 if changed, on on an att	tal annual re	aport is true a empowered	the exe nd acc to exe	motion state	d in Section 119.07(3)(i), Florida Statut ti my signature shali have the same leg rt as required by Chapter 607, Florida	es. I further cert al effect as if m Statutes; and th	ify that i ade unc at my n	the ler oath; that ame