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 # P9700007148 (4)

E-Z.H. ELECTRONICS, INC.

FILED Apr 22 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | T INTERIOR IN DIENK LOTHI ARMIN TENN TENN TRINK TONIN |
|---|---|--|-----------------------------|------------------------------------|---|
| 1 NE 18T STREET, #545 1 NE 1ST STREET, #545 | | | | | |
| MIAMI FL 33 | 132 | MIAMI FL 33132 | MIAMI FL 33132 | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date Incorporated or Qualified |
| | | | | | 01/24/1997 |
| 2. Principal Place of Business 2a, Mailing Address | | | | | 4. FEI Number Applied For |
| 21 26 | | | 000 | | 45-07205/9 Not Applicable |
| Suite, Apt. #, etc. Suite, Ap | | | tc. | | SQ 75 Additional |
| 27 | | | | | 5. Certificate of Status Desired Fee Required |
| City & Sta | te | City & State | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | [28] | 28 | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 29 | | 30 | | Personal Property Tax due June 30. X Yes No |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent |
| H/ | imami, uzi | | 81 | Name | e |
| 1 NE 1ST STREET, #545 | | | 82 | Street | t Address (P.O. Box Number is Not Acceptable) |
| MIAMI FL 33132 | | | | | , |
| | | | 83 | | |
| | | | 84 | City | 85 Zip Code |
| | | | | Only. | FL S 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 | | | | | |
| office or agent. I a | registered agent, or both, in the im familiar with, and accept the | obligations of, Section 607.0505, Flo | utnorizea b rida Statute | y ine coi s. | orporation's board or directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature requi | | | | re required when reinstating) DATE | |
| 12. | OFFICER | S AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELET e | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | Hamami, uzi | | 1.2 NAME | | |
| STREET ADDRESS | 20355 NE 34TH COURT, | SUITE 1124 | 1.3 STREE | ADDRESS | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | 1.4 CITY-5 | ST-ZIP | |
| TITLE | D | ☐ DELET É | 2.1 TITLE | | Change Addition |
| NAME | COHEN, OFER | | 2.2 NAME | | |
| STREET ADDRESS | 1 NE 1ST STREET, #545 | 5 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33132 | | 2.4 CITY- | ST-ZIP | |
| TITLE | DELETE | | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | |
| CITY-ST-ZIP | L <u></u> | | 3.4. DITY- | SY-ZIP | |
| TITLE | DELETE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-5 | ST - ZIP | |
| TITLE | | ☐ DELE TE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - 9 | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY - 5 | | |
| 14. I hereby | certify that the information suppl | ied with this filing does not qualify fo | r the exemp | tion stat | ted 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 eath; 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. | | | | | |