

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

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Apr 10 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000088680 (8)**

1. Corporation Name  
**ELECTRONIC CONCEPT II, INC.**

Principal Place of Business	Mailing Address
<del>100 S.E. SECOND STREET</del> <del>SUITE 2100</del> <del>MIAMI FL 33131</del>	<del>100 S.E. SECOND STREET</del> <del>SUITE 2100</del> <del>MIAMI FL 33131</del>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>6802 NW-77th Ct.</b>	26 <b>6802 NW-77th Ct.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>MIAMI, FL</b>	27 <b>MIAMI, FL</b>
City & State	City & State
23	28
Zip	Zip
24 <b>33166</b>	29 <b>33166</b>
Country	Country
25	30

3. Date Incorporated or Qualified	Applied For
<b>10/13/1997</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	
<b>65-0789254</b>	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>ENGELS, MARTIN</b> <b>100 S.E. SECOND STREET</b> <b>SUITE 2100 2150</b> <b>MIAMI FL 33131</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **MARTIN ENGELS** **H/A** **3/20/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENGELS, MARTIN</b>	1.2 NAME	<b>MARIO ROSEN</b>
STREET ADDRESS	<b>100 S.E. SECOND STREET, SUITE 2100</b>	1.3 STREET ADDRESS	<b>6802 NW-77th Ct.</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	<b>MIAMI FL 33166</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VP-SEC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>STANLEY ROSEN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6802 NW-77th Ct.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>ILIANA PETISCO</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>6802 NW-77th Ct.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>ASST. SEC.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>GREGORY ROSEN</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>6802 NW-77th Ct.</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 change, or on an attachment with an address.

SIGNATURE: **[Signature]** **3/20/98 (205) 592-1904**

CR2E034 (10/97)