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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088680

1. Corporation Name

Principal Place of Business

ELECTRONIC CONCEPT II, INC.

6802 NW 77TH CT MIAMI FL 33166 US		6002 NW 77TH CT Miami FL 33166 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					3. Date incorporated or Qualified 10/13/1997		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ι Δ	pplied For
21		26			65-0789256	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			s	8.75	Additional
22		27			5. Certificate of Status Desired	Fee F	Required
City & State City & State					6. Election Campaign Financing	\$5.00) May Be
23		28			Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year Intangi	ble	
24	25 29 30			Personal Property Tax. Yes No			□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Age	nt	
			81	Name			
	els, martin		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
100 S.E. SECOND STREET) 52	Jueer A	duigas (1.0. Dox Humbel to Hot Hoodploom)		j
SUITE 2100			83				
MAIM	Al FL 33131		-			e 7:-	Code
			84	City	FL °	15 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 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 D		
TITLE	P	☐ DELETE	1,1 TITLE	l] Change	Addition
NAME	ROSEN, MARIO		1.2 NAME	1			
STREET ADDRESS	6802 NW 77TH CT		1.3 STREET	TADDRESS	•		
CITY-ST-ZIP	MIAMI FL 33166			T-ZIP			
TITLE	VPS	☐ OELETE	2.1 TITLE		,] Change	Addition
NAME	ROSEN, STANLEY		2.2 NAME	1			Ī
STREET ADDRESS	6802 NW 77TH CT		2.3 STREET	TADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-5	T-ZIP			
TITLE	Ť	☐ DELETE 3.1 TI] Change	Addition
NAME	PETISCO, ILEANA		3.2 NAME				-
STREET ADDRESS	6802 NW 77TH CT		3.3 STREET	TADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY-S	ST-ZIP			
TITLE	AS	☐ DELETE	4.1 TITLE] Change	e
NAME	rosen, gregory		4. 2 NAME	1			
STREET ADDRESS	6802 NW 77TH CT		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33166		4.4 CITY-S	T-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE	- 1	· · · · ·] Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE] Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	TADDRES\$			1

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filiag 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 leport or supplemental appear 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 control of

SIGNATURE

CITY-ST-ZIP

officer or director of the Block 12 or Block 13 to

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90072 013 ***158.75