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PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095037 (2)

BEST OF MIAMI ELECTRONICS, INC.

FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 125 NORTH 46TH AVENUE 125 NORTH 46TH AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For PO BOX 427 65-0794257 Not Applicable 21 Suite, Apt. #, etc. Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 HALLANDALE Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year intangible 29 33008-042 Yes Yes 24 25 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 83 84 City 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** Signature, typed or printed name of registered agent and title it applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 33008-0427 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - 2%P 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETÉ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 trusted 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:

1

HSEL

well

3-26-98