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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000020740 1. Corporation Name

EDDIE & MAC'S DISCOUNT ELECTRONICS, INC.

Principal Place of Business	Mailing Address
13450 S.W. 71ST STREET MIAMI FL 33183	13450 S.W. 71ST STR Miami Fl 33183

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90022 040 ***150.00

						- ,,,,,,,,	
Principal Place	e of Business	Ma	iling Address				
13450 S.W. 71S	T STREET		50 S.W. 71ST STREET				
MIAMI FL 33183	3	MIA	MI FL 33183				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
	,						03/03/1998
a Dringing D	lace of Business	2a.	Mailing Address				4. FEI Number Applied For
<u>−−</u> ~	IADE OF BUSITIESS	2a. 26					65-0818308 Not Applicable
Suite, Apt.	# Atr	20]	Suite, Apt. #, etc.		1		\$8.75 Additional
22	m, 0.0.	27	,,				5. Certificate of Status Desired Fee Required
City & State	e	1	City & State				6. Election Campaign Financing \$5.00 May Be
23	-	28	-				Trust Fund Contribution Added to Fees
Zip	Country	1	Zip	Country	7		8. This corporation owes the current year Intangible
24	25	29	30	5			Personal Property Tax.
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered Agent
*				81		Name	
	TREPO, ALVARO EDUARDO			82	+	Street Add	Iress (P.O. Box Number is Not Acceptable)
	60 S.W. 71ST STREET			"			Tool (1.5. Box Halles)
MIAN	/II FL 33183			83	T		
				84	╀	City	85 Zip Code
}				64	1	City	FL o Ep sees
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			ALOTT: D	.:			red when reinstating) DATE
	Signature, typed or printed name of registered ager OFFICERS AN			13.	ent s	signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			☐ DELETE	1,1 TITLE			Change Addition
NAME	ALVARO E RESTREP)	-	1.2 NAME			
STREET ADDRESS	ALVARO E RESTREPT 13450 SW71 ST			1.3 STREE	-т Δ	ADDRESS	
}	Wiani, Fl 33183			1.4 CITY-5		ļ.	
CITY-ST-ZIP	W136777 3 3783		☐ DELETE	2.1 TITLE	31-4	LIF .	. Change Addition
f			_	2.2 NAME			
NAME				2.3 STREE		DOBESS	
STREET ADDRESS				2.4 CITY			
CITY-ST-ZIP TITLE			☐ DELETE	3.1 TITLÉ	31-	- 211	☐ Change ☐ Addition
NAME			_	3.2 NAME			
			;	3.3 STREE		ADDRESS	
STREET ADDRESS				3.4. CMY-			
CITY-ST-ZIP			☐ DELETE	4.1 TITLE	31-	- 2.11	☐ Change ☐ Addition
NAME			-	4. 2 NAME			·
				4.3 STREE		ADDRESS.	
STREET ADORESS				4.4 CITY-			
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE	31-4	ZIP	Change Addition
				5.2 NAME			
NAME				5.3 STREE		ADDRESS	
STREET ADDRESS	_			5.4 CITY-			
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	_		☐ Change ☐ Addition
NAME				6.2 NAME			
				6.3 STREE		ADDRESS	
STREET ADDRESS				6.4 CITY-			

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 conductor of the recovered 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 changes, or an attachment with an address, with all other like empowered.

SIGNATURE:

100 mm ICER OF DIRECTOR