SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96. \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # S64067 (9)

SUPERIOR ELECTRICAL & ELECTRONIC DISTRIBUTORS CO **RPORATION**

| RPORA | ATION | | | | | | | |
|-------------------------------------|--|---|----------------------------|----------|-----------------------------|---|--------------------------|---|
| Principal Place | e of Business | Mailing Address | | | | | ı dibil bibli | #\Q\ Q\Q \ Q\Q\ \Q\ |
| 8231 NW 681 MIAMI FL 33 US | · · · · - · · | 8231 NW 68TH ST Miami Fl 33166 US | | | | | Page | |
| 00 | | 03 | | | | 3. Date Incorporated or Qualified 07/03/1991 | | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 | | 26 | | | | 65-0273671 | | Not Applicat |
| Suite, Apt 22 | | Suite, Apt. # etc. | M Mark - I am a sa ta fask | · | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required |
| City & State | e | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zıp | Country | Zιρ | Cou | intry | | 8. This corporation has liability for in | tangib <u>le l</u> | ax under s 199.032 |
| 24 | 25 | 29 | 30 | , | | Florida Statutes | <u> </u> | |
| | 9. Name and Address of Currer | nt Registered Agent | | 81 | Name | 10. Name and Address of New Rec | istered A | gent |
| | NARELY, MILAGROS | | | 61 | мапте | | | |
| 1830 SW 104TH AVE MIAMI FL 33165 | | | | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | | | 85 Zip Code |
| office or ri | to the provisions of Sections 607.050 egistered agent, or both, in the State imfamiliar with, and accept the obliging | of Florida, Such change was a | iuthorized | l by I | named corp the corporati | poration submits this statement for the purion's board of directors. I hereby accept | rpose of c the appoin | hanging its registered itment as registered |
| SIGNATURE | Signature, typical or prime than elot registered age | int and tale if applicable (NO) | E Registere | o Ager | n: signature requi | red when reinst engli | DAI: | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | |
| DILE | P | DELETE | 1+31 | TLF | | | L | Change Additi |
| NAME | TONARELY, MILAGROS | | 1.2 N | | | | | |
| STREET ADDRESS | 1830 SW 104 AVENUE | | | | ADDRESS | | | |
| CITY - ST - ZIP | MIAMI FL 33165 S | DELETE | | 1Y-S | 1 - 712 | | - | Change Additi |
| TIYLE NAME | TONARELY, IGNACIO C. | DECERE | 2 1 TI | | | | L | |
| STREET ADDRESS | 11181 SW 58 TERRACE | | 2 2 N | | ADORESS | | | |
| CITY-ST-ZIP | MIAMI FL 33173 | | | ineei i | | | | |
| TITLE | V | DELETE | 3 ' 11 | | 11 12 17 | | T | Change Additi |
| NAME | VITERI, XAVIER | L .J * | 3 2 N | | | | L | , |
| STREET ADDRESS | 3862 ALLANTARA AVENUE | | 3.3.51 | TREET | ADORESS | | | |
| CITY - ST - ZIP | MIAMI FL 33178 | | 34 C | ITY - S | .T - ZIP | | | |
| THE | | DELFTE | 4 1 T | | | | | Change Addit |
| NAME | | | 4 2 N | AME | | | | |
| STHEET ADDRESS | | | 4 3 S | IRE ET | ADDRESS | | | |
| CITY - ST - ZIP | 4.1 | | 440 | TY - S | 7 - ZIP | | | |
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| NAME | | | 5 2 N | | | | | |
| STREET ADDRESS | | | 5381 | TREFT | ADORESS | | | |
| CITY-ST-ZIP | | bf. f.r. | | IY-\$ | 7 - ZIP | | т | T Change T Late |
| TITLE | | DELETE | 6 1 1 | | | | L | Change Addit. |
| NAME CURCUL ADDRESS | | | 6 2 N | | 1DODGGG | | | |
| STREET ADDRESS | | | | | ADORESS | | | |
| | | | rnished a | | loes not qua | | | |
| made und | rtify that the information indicated on dericalli, that I am an officer or direct ame appears in Block 12 or Brock 13. | or of the corporation or the rece | eiver or tr | ustee | e empowere | and accurate and that my signature shall dito execute this report as required by C | have the hapter 61 | same legal effect as i 7, Florida Statutes, an |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO NAME TO NAME OF SIGNING OFFICER OR DIRECTOR