

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 11 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Martinez
Secretary of State
1900 North Florida Avenue, Tallahassee, Florida 32304-0001

DOCUMENT # **S84496** (6)

1. Corporation Name
ETM ELECTRONICS & COMPUTERS, INC.

2. Principal Office of Corporation
**13751 NE MIAMI COURT
MIAMI FL 33161**

3. Mailing Address
**13751 NE MIAMI COURT
MIAMI FL 33161**

(PLEASE WRITE IN THIS SPACE)

3. Date first incorporated (or qualified) 10/01/1991	3a. Date of Last Report 06/03/1994
4. FID Number 65-0287489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has adopted the rules relating to the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office of Business State App # of 1st	26. Mailing Address State App # of 1st
22. City & State	27. City & State
24. 25. 29. 30.	

9. Name and Address of Current Registered Agent DUFOUR, MARIO 13751 NE MIAMI CT. MIAMI FL 33161	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Applicable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3), Florida Statutes, this at-large named corporation submits this statement for the purpose of changing its registered office or registered agent in both 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 I accept the provisions of Sections 607.04(2) Florida Statutes.

SIGNATURE _____ TITLE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME DP DUFOUR, MARIO 13751 NE MIAMI CT. MIAMI FL 33161		1. NAME DP DUFOUR, MARIO 13751 NE MIAMI CT. MIAMI FL 33161	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.04(3)(b), Florida Statutes. I further certify that the information included 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 make 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: **MARIO DUFOUR**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-05-95 (307) 645-1629