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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT #

1. Corporation Name

CABLE ELECTRONICS, INC.					
Principal Place	of Business	Mailing Address		findings the same and	
3956 TOWN CENTER BLVD SUITE 313 ORLANDO FL 32837		3956 TOWN CENTER BLYD SUITE 313 ORLANDO FL 32837		3. Date Incorporated or Qualified	3a. Date of Last Report
US		U\$		10/29/1991	03/20/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FET Number 65-0297163	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T. Country	Trust Fund Contribution 8. This corporation has liability for	Added to rees
Žip	Country 25	Zıp	Country 30	Florida Statutes Yes	: □N∘
24	9. Name and Address of Current			10. Name and Address of New F	Registered Agent
			81 Name		
	, MANOHARA		82 Street Add	tress (P.O. Box Number is Not Acceptated Although	(ie) C+.
	-OW-267TH TERRAC E		83	102 Althum	C - C
MIAMI	FL 33032		63		
			84 City	10/10	FL 85 Zip Code 3 7
	10-1	and 607 1508. Florida Statute	Or Id	oration cubmits this statement for the or	roose of changing its registered office
			ed by the corporation's bo		1
familiar w	ith, and accept the obligations of, Secti	on 607.0505, Fidilida Statutes.			X 03. 10. 9/2
SIGNATURE	Gignature, typed or printed name of registered agent	ICON) skill applicable strong	Te: Begistered Agent signal re-roop.	seat Attach Leador and A	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
THLE	PVS	☐ DELETE	. 1 1 TIELE		☐ Change ☐ Addition
NAME	NAIDOO, MANOHARA P		1.2 NAME		
STHEET ADDRESS	14402 ALTAMAHA CT		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL	F3 00 116	1.4 CHY - ST - ZIP		Change Addition
TITLE	TD	☐ DELETE	2 1 TITLE		
NAME	NAIDOO, MANOHARA P		2.2 NAME		
STREET ADDRESS	14402 ALTAMAHA CT		2 3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL	DELETE	2.4 CHY-ST-ZIP		Change Addition
1ITLE	:		3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3 4 CiTY - S1 - ZiP		
CITY - S1 - ZIP		DELETE	4 1 TITLE		Change Addition
TITLE			4.2 NAME		
NAME CANALA ADDRESS			4.3 STREET ADDRESS		
STHEET ADDRESS			4 4 CITY - SI - ZIP		
CITY-ST-ZIP THILE		DELETE	5 1 TILLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
ĺ			6.4 CITY - \$1 - ZIP	Tanan manasa da manasa kababata da kab	0.07(2)(b) Florida Statutos I furtivos
	by certify that the information supplied	with this filing is voluntarily furn	nished and does not qualit nual report is true and acc	y for the exemption stated in Section 11 urate and that my signature shall have to	e same legal effect as if made under

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 it made that coath, that I am an officer or director of the corporation or the receiver or 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 changed, or on an attachment with an address. SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (No. 1) Chapter of Piccar (No. 1) Chapter