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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V25251

(2)

CHARISMA ELECTRONICS CORPORATION

| Principal Place of Business 8204 NW 14TH ST. MIAMI FL 33126 US | | Mailing Address 8204 NW 14TH ST. MIAMI FL 33126-1502 US | | | | | | |
|---|---|---|---|----------------------------------|--|--------------|-------------------------|--------------|
| U3 | | us | | | 3. Date Incorporated or Qualifie 03/30/1992 | | te of Last R 25/1996 | eport |
| 2. Principal | Place of Business | 2a. Malling Address | · | | 4. FEI Number | וויי | | plied For |
| 21 | | 26 | | 65-0332756 | | <u> </u> | (Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | \$8.74 | | \$8.75 | | |
| 22 | | 27 | | 5. Certificate of Status Desired | لبا | Fee Re | quired | |
| City & Sta | ite | City & State | | | 6. Election Campaign Financing | | \$5.00 | Мау Ве |
| 23 | | 28 | | Trust Fund Contribution | | Added 1 | o Fees | |
| Zφ | Country | Zip | Country | , | 8. This corporation has liability | | | 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes | | No | |
| | 9. Name and Address of Curr | ent Registered Agent | 81 | Name | 10. Name and Address of New | Hegistered . | Agent | |
| | STIN, RICHARD B. | | " | INditio | | | | |
| | 00 N.W. 53RD STREET | | 82 Street Ad | | dress (P.O. Box Number is Not Accep | otable) | | |
| SUITE 300, ROCHESTER BLDG. | | | 83 | | | | | |
| MIA | VMI FL 33166 | | 63 | | | | | |
| | | | 84 | City | | Fi | 85 Zip (| Code |
| office or | registered agent, or both, in the Str am familiar with, and accept the ob- | ate of Florida. Such change wa ligations of, Section 607.0505, | s authorized by Florida Statute | y the corpora s. | rporation submits this statement for thation's board of directors. I hereby ac | copt the app | ointment as | registered |
| 12. | | AND DIRECTORS | 13. | on ognotor | ADDITIONS/CHANGES TO OF | | DIRECTOR | S IN 12 |
| TOLE | PD | DELETE | 1.1 TITLE | | | | ☐ Change | Addition |
| NAME | PRACA, WALTER R.L. | | 1.2 NAME | | • | | | |
| STREET ADDRESS | 8204 NW 14TH ST. | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4 CITY-5 | ST-21P | • | | | |
| TITLE | SD | DEL ETE | 2.1 TITLE | | | | ☐ Change | Addition |
| NAME | PRACA, FERNANDO R. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 8204 NW 14TH ST. | | 2.3 STREET | ADDRESS | | 177 | | |
| CITY - S1 - ZIP | MIAMI FL | | 2. 4 CITY- | ST-ZIP | | | | |
| TITLE | | DELETE | 3.1 TITLE | | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | | |
| STREET ADDRESS | 3 | | 3.3 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | 3.4. CITY- | ST-ZIP | | | | |
| TITLE | | | 4 + 7/7/ 5 | | | | T | |
| NAME | | DELETE | 4.1 TITLE | | | | Change | Addition |
| STREET ADDRESS | ş 1 | DELETE | 4.1 IIILE 4.2 NAME | | | | Change | L.J Addition |
| CITY-\$1-ZIP | • | DELETE | 4. 2 NAME | ADDRESS | | | Change | L.J Addition |
| TITLE | | | 4. 2 NAME 4.3 STREET 4.4 CITY-5 | ADDRESS | | | | |
| NAME | | DELETE | 4. 2 NAME 4.3 STREET | ADDRESS | | | Change | Addition |
| | | | 4. 2 NAME 4.3 STREET 4.4 CITY-5 | ADDRESS | | | | |
| STREET ADDRESS | | | 4. 2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME | ADDRESS | | | | |
| CilY-S*+7IP | | DELETE | 4. 2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-S | I ADDRESS SI - ZIP I ADDRESS | | | Change | Addition |
| CHY-ST-7IP TOTE | | | 4. 2 NAME 4.3 STREE* 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-5 6.1 TITLE | I ADDRESS SI - ZIP I ADDRESS | | | | |
| CilY-S*+7IP | | DELETE | 4. 2 NAME 4.3 STREE* 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE* 5.4 CITY-5 6.1 TITLE 6.2 NAME | I ADDRESS SI - ZIP I ADDRESS | | | Change | Addition |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. Lot 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 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.

02/13/97 (305)592-7188

FILED

Feb 18 1997 8:00am

Secretary of State