## FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90137 021 \*\*\*150.00

## 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	#	V25251
4. Composition Name		マとくとし

CHARISMA ELECTRONICS CORPORATION

Principal Place of Business Mailing Address				ii	ARIA BABAK BABAH KEBA				
•		Mailing Address					J/#. #*!		
8204 NW 14TH		8204 NW 14TH ST.				·			
MIAMI FL 33126 US		MIAMI FL 33126 US		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed			
						03/30/1992			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0332756			Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
22		27				5. Certificate of Status Desired		Fee	Required
City & Sta	te	City & State				6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country	/		8. This corporation owes the cur	rent year	Intangible	
24	25		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent	- 04	Τ.	<u> </u>	10. Name and Address of New	Register	ed Agent	
ALIS	STIN, RICHARD B.		81	<u>'</u> ا	Name				
	0 N.W. 53RD STREET		82	1	Street Addres	ess (P.O. Box Number is Not Accept	able)		
	TE 300, ROCHESTER BLDG.			L					
	MI FL 33166		83						
MIAI	MI FE 33 100		84	۱,	City			. 85 Z	ip Code
	to the provisions of Sections 607.05				•		F	·L	•
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: I	Registered Age	nt siç	gnature required w	when reinstating)	DATE	r	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Chan	ge
NAME	PRACA, WALTER R.L.		1.2 NAME						
STREET ADDRESS	8204 NW 14TH ST.		1.3 STREE	ΓAD	DRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZI	ıρ				
TITLE	SD	☐ DELETE	2.1 TITLE		ļ			☐ Chanç	ge 🗀 Addition
NAME	PRACA, FERNANDO R.		2.2 NAME						
STREET ADDRESS			2.3 STREE	ΓAD	DRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	T-Z	ÚP.				
TITLE		☐ DELETE	3.1 TITLE			. •		☐ Chang	ge 🔲 Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	(ADI	DRESS				
CITY-ST-ZIP			3.4. CITY-S	T- Z	IP.	187614			
TITLE		☐ DELETE	4.1 TITLE					Chang	ge 🗌 Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADI	DRESS				
CITY-ST-ZIP			4.4 CITY-S	r-Zil	Р				
TITLE		☐ DELETE	5.1 TITLE					Chang	ge 🗌 Addition
NAME			5.2 NAME		opree				
STREET ADDRESS			5.3 STREET			•			
CITY-ST-ZIP TITLE		□ DELETE	5.4 CITY-ST 6.1 TITLE	- ZI	<del>-</del>		<del></del>		
		☐ DELETE	1					☐ Chang	je 🗌 Addition
NAME			6.2 NAME		DDECC				
STREET ADDRESS			6.3 STREET						
CITY-ST-ZIP			6.4 CITY-ST	- ZIF	ρ				

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 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, with all other like empowered.

SIGNATURE:

WILDRORES JEWAUTER R. L. PRACA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR