

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State

1995-1-95 B-6385 OF CORPORATIONS XC

APPROVED
AND
FILED

53 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70954

(5)

1. Corporation Name

ANILAM ELECTRONICS, INC.

Principal Place of Business

5625 NW 79TH AVE
MIAMI FL 33166

Mailing Address

5625 NW 79TH AVE
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1992

3a. Date of Last Report

08/02/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0361480

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

X Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HKS & F REGISTERED AGENT CORP.
2801 S BAYSHORE DR
STE 600
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when new/added)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	LEEDER, COLIN
STREET ADDRESS	45 SHALBOURNE RISE
CITY- ST- ZIP	CAMBERLY UK
TITLE	S
NAME	METZGER, MIKE
STREET ADDRESS	ONE PRECISION WAY
CITY- ST- ZIP	JAMESTOWN NY
TITLE	T
NAME	MIZE, LAWRENCE E
STREET ADDRESS	15089 MONTROSE RD
CITY- ST- ZIP	MIAMI LAKES FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	DR ERIK MEIJER	
1.3 STREET ADDRESS	3664 MAYFAIR LANE	
1.4 CITY- ST- ZIP	FT. LAUDERDALE, FL. 33327	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 attached report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Signature Printed