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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State $\{oldsymbol{O}\}$ of corporations $\ oldsymbol{C}$ 1996*ʒ-21-***DOCUMENT #** 1. Corporation Name ANILAM ELECTRONICS, INC. Mailing Address Principal Place of Business 5625 NW 79TH AVE 5625 NW 79TH AVE MIAMI FL 33166 MIAMI FL 33166 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 10/14/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0361480 Not Applicable 3300 CORPORATE WAY 3300 CORPORATE WAY \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees MIRAMAR MIRAMAR This corporation has liability for intangible tax under s. 199.032, Country Country Yes No Flonda Statutes 33025 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HKES & F REGISTERED AGENT CORP. 82 2601 S BAYSHORE DR 83 **STE 600** Zip Code **MIAMI FL 33133** City 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (12/95)Signature, typed or printed name of registered agent and to all applicable (NOTE Registered Agent Ser-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.5 TITLE TITLE CR2E034 1.2 NAME MEIJER, ERIK D NAME: 1.3 STREET ADDRESS 2664 MAYFAIR LANE STREET ADDRESS 1.4 CHY+S1-7IP FT LAUDERDALE FL CITY - ST - ZIP Addition Change DELETE 2 1 T:TLE HILE 2.2 NAME METZGER, MIKE NAME 2.3 STREET ADDRESS ONE PRECISION WAY STREET ADDRESS 24 City - St. ZiP JAMESTOWN NY CHTY ST-ZIP Addition Change DELETE: 3 1 TITLE TITLE 3.2 NAME MIZE, LAWRENCE E 3.3 STREET ADDRESS 15089 MONTROSE RD STREET ADDRESS MIAMI LAKES FL 3.4 CITY - ST - 7IP CITY - ST - ZIP Change Addition DELETE 4 1 111UE TILLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF C:1Y-ST-ZIP Change Addition DELETÉ 5 1 THILE TITLE 5.2 NAME NAME 5.3 STREE! ACCRESS STREET ADDRESS 54 CITY-ST-ZIF CITY-ST-ZIP Addition Change [] DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY: ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualfy for the exemption stated in Section 119.07(3)(k), 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 nent with an address. 3-20-96 F SIGNING OFFICER OR DIRECTOR