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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 176242 (6)

1. Corporation Name

WEEKS BOTTLEGAS & APPLIANCE COMPANY

Principal Place of Business

2828 N.W. 17TH AVENUE  
9301 S W 56TH ST  
MIAMI FL 33142

Mailing Address

2828 N.W. 17TH AVENUE  
MIAMI FL 33142  
US



3. Date Incorporated or Qualified  
11/25/1953

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN,ARNOLD P  
2828 N.W. 17TH AVENUE  
MIAMI FL 33142

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 607.0507 and 607.1503, 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 of registered agent or printed name of registered agent and then if applicable:

(NOTE: Registered Agent signature is required when not stated)

DATE

03/21/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE

NAME PEREZ, REINALDO  
STREET ADDRESS 2828 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE STD ☐ DELETE

NAME ROSEN, ARNOLD P  
STREET ADDRESS 2828 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE D ☐ DELETE

NAME MILLER, SUSAN  
STREET ADDRESS 2828 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE PD ☐ DELETE

NAME MILLER, LEONARD  
STREET ADDRESS 2828 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE D ☐ DELETE

NAME ROSEN, MURIEL S  
STREET ADDRESS 2828 N.W. 17TH AVENUE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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)(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold P. Rosen 03/21/96

(305) 635-1395

CR2E034 (12/95)