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

99 APR -2 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 176242

1. Corporation Name

WEEKS BOTTLEGAS & APPLIANCE COMPANY

Principal Place of Business	Mailing Address
3800 NW 59 ST. MIAMI, FL. 33142	3800 NW 59 ST. MIAMI, FL. 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11-25-53

2. Principal Place of Business 21: 3800 NW 59 ST.	2a. Mailing Address 26: 3800 NW 59 ST.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc 27:
City & State 23: MIAMI,FL.	City & State 28: MIAMI, FL.
Zip 24: 33142 Country 25: DADE	Zip 29: 33142 Country 30: DADE

4. FEI Number: 59-0704162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JEFFREY S. MILLER
3800 NW 59 ST.
MIAMI, FL. 33142

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

100002836831--3
-04/12/99--065--35.00
FL ****150.00 ****150.00

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. MILLER, JEFFREY S. 55 E SAN MARINO MIAMI, FL. 33139 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P. MILLER, JEFFREY S. 55 E SAN MARINO MIAMI, FL. 33139 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P.-S SOBRADO, MARIA 13431 SW 8 LANE MIAMI, FL. 33184 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V.P.-S SOBRADO, MARIA 13431 SW 8LANE MIAMI, FL. 33184 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	ASSISTANT V.P. ROYERO, FREDDY 11114 SW 138 CT. MIAMI, FL. 33186 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	ASSISTANT SECRETARY GARNER, LARRY 3080 NW 17 ST. MIAMI, FL. 33125 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: _____ MARIA C. SOBRADO V.P. 3-24-99 (305) 635-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #