FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # GO2

G02359

(9)

•	AMERICAN COOKWARE, INC.											
Princ	ipal Place of Business		failing Address				-	1				
	•		P.O. BOX 2651									
% ORLANDO MELO P.O. BOX 2651 2559 W 10TH AVENUE HALEAH FL 33012												
HIALEAH FL 33010-1906			·					DO NOT WRITE IN THIS	SPACE			
							3.	3. Date Incorporated or Qualified				
9 Pr	incipal Place of Business		, Mailing Address			··-··	+-	10/12/1982 1. FEI Number		100	. U. J.F.	
21	ilitopai riace oi bosilicas	2a. 26	, Maning Address				1	59-2279925	-		plied Fo Applica	
	ilte, Apt. #, etc.		Suite, Apt. #, etc.			+		\$8.		dditiona		
22	•	27	27				5.	5. Certificate of Status Desired		ee Rec		**
Cit	ty & State		City & State			6.	3. Election Campaign Financing	\$5	.00	May Be		
23		28					<u> </u>	Trust Fund Contribution	Ad	ded to	Fees	
Zip	j	}			untry	6. This corporation overs or has paid the content year thingspile						
24	25 Name and Address of Curre	29	otered Anget	30]	т—		<u> </u>	Personal Property Tax due June 30. Name and Address of New Registered	Yes		No	
	MELO, ORLANDO	mit tiog.	Moieu ngo		81	Name	10.), reality and Address of their freguesias	Agent			
1 2559 WEST 10TH AVENUE												
HIALEAH FL 33010					82 Street Addr			(P.O. Box Number is Not Acceptable)				
	Three it is odd to				В3							
i L					84	City				7.00	·	
					54	City		FL	- 85	Zip C	ode	
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												
12.	Signature, typed or printed name of registered at				d Age	ant signature require			ם חות כ	TODE	- IN 40	
TITLE	PD OFFICERS AF			13. 1,1 Ti	(T) F		ADDITIONS/CHANGES TO OFFICERS AND DIRE				S IN 12	lition
NAME	MELO, ORLANDO		<u> </u>	1.2 N						w.A.	السيا	
	ADDRESS 2559 WEST 10TH AVENUE					ADDRESS						
CITY-S	ANALES ASSAS				ITY-S	Į.						
TITLE	STD				TITLE				Cha	ange	Add	lition
NAME	MELO, EULALIA				2.2 NAME							
STREET	EET ADDRESS 2559 WEST 10TH AVENUE					2.3 STREET ADDRESS						
CITY-S1	T-ZIP HIALEAH FL 33010					ST-ZIP						
TITLE			L_J DELETE	3.1 TI					∐ Cha	ınge	Add	lition
NAME				3.2 N		İ						
	ADDRESS					ADDRESS						
CITY-ST	(-ZIP		DELETE	3 4. C		ST-ZIP			Cha	2000	T Add	lition
NAME			had Observe	4.2 N					[VIN	ш ў с	L 1000	JROH
-	ADDRESS					ADDRESS						
CITY-ST	'				INFET ITY-SI							
TITLE	- £u		DELETE	5.1 TI		11 - ZIF			Cha	nce	DbA 🔲	dition
NAME				5.2 N/							_	
STREET	ADDRESS			1		ADORESS						
CITY-ST	I-ZIP _				ITY - SI							
TITLE			☐ DELETE	6.1 TI	TLE				☐ Cha	nge	Add	iition
NAME				6.2 N/	AME	1						
STREET	ADDRESS			6.3 S	TREET.	ADDRESS						
CITY-ST					ITY-S							
in	hereby certify that the information supplied vidicated on this annual report or suppliement fificer or director of the corporation or the related to the property of the prope	tat.annua	al report is true and ac	ccurate and	d tha	at my signaturi	e sha	all have the same legal effect as if made u	nder oatl	h: that	l am ar	ion n

11 1.06

FILED

May 15 1998 8:00am

Secretary of State