FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Jan 15 1997 8:00am
Secretary of State

DOCUMENT # H33129   (8)

1. Corporation Name
GENERAL APPLIANCE & ELECTRONIC DISTRIBUTORS, INC

Principal Place of Business	Mailing Address
2654 NW 74 AVENUE MIAMI FL 33122 US	2654 NW 74 AVENUE MIAMI FL 33122-1420 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1984	04/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2450286	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24	25	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
FUENTES, JULIO 9355 SW 24TH STREET MIAMI FL 33165	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 _____

(NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME **RODRIGUEZ, ERNESTO C.**	1.2 NAME		
STREET ADDRESS **2654 NW 74 AVE.**	1.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33122**	1.4 CITY-ST-ZIP		
TITLE **ST** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME **FUENTES, JULIO**	2.2 NAME		
STREET ADDRESS **2654 N.W. 74TH AVE.**	2.3 STREET ADDRESS		
CITY-ST-ZIP **MIAMI FL 33122**	2.4 CITY-ST-ZIP		
TITLE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _Fuentes - Secretary/Treasurer_   1-9-97   305 477 6206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #