SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 22 1997 8:00am Secretary of State

DOCUMENT # JO2117 1. Corporation Name NELSON'S APPLIANCE CO., INC.				
Principal Place of Business * NELSON HERNANDEZ 3827 S.W. 59TH AVENUE MIAMI FL 3315S	Mailing Address NELSON HERNANDEZ 3827 S.W. 59TH AVENUI MIAMI FL 33155		DO NOT WRITE IN THIS	
				/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.	26] Suite, Apt. #, etc.		59-2783417	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	Cily & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the cu	Added to Fees
24 25	29	30		Yes No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
HERNANDEZ, NELSON		81 Name		
3827 S.W. 59TH AVENUE MIAMI FL 33155		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
WINNEL CO.		83		
		84 63		Jan 1 7 - 0 - 1
		84 City	FL	85 Zip Code
	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose c alion's board of directors. I hereby accept the app	f changing its registered pointment as registered
SIGNATURE Signature, typed or printed name of registered ag		TE: Registered Agent signature requ	uired when reinstating) DATE	
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	(
NAME HERNANDEZ, NELSON	☐ DECEIE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS 3827 S.W. 59TH AVENUE		1.3 STREET ADDRESS		8
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CHTY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME				
STREET ADDRESS CITY-ST-ZIP		4. 2 NAME		
		4.3 STREET ADDRESS		
	∏ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TIFLE	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME	_	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	_	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	_	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	

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 coefficient 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 changes upon an attachment with an address.