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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35584

(8)

REFRIGERATION APPLIANCE PARTS, INC.

FILED
Mar 07 1997 8:00am
Secretary of State

Principal Place of Business 1218 DYER BLVD. 2469 WINNER CIR. KISSIMMEE FL 34741 US	Mailing Address 1218 DYER BLVD. 2469 WINNER CIR. KISSIMMEE FL 34741-3723	3723			3. Date Incorporated or Qualified 3a. Date of Last Report			
					09/30/1986	05/01/1996		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	A	oplied For	
21	26				59-2725359		ot Applicable	
Swife, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & State	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country	Zip	Count	ry		8. This corporation has liability for in	tangible tay under s	. 199.032,	
LT. 1	29	30				Yes W No		
9. Name and Address of Current Ro	gistered Agent		<u> </u>		10. Name and Address of New Reg	lstered Agent		
GONZALEZ, GONZALO A		8	ין יי	Name				
2469 WINNER CIR.		8	2 :	Street Addres	ss (P.O. Box Number is Not Acceptable	е)		
KISSIMMEE FL 34743		8	3					
		8	4 (City		FL 85 Zip	Code	
Pursuant to the provisions of Sections 607.0502 are office or registered agent, or both, in the State of Fagent. I am familiar with, and accept the obligation SIGNATURI Signature typed or product barne of registered agent are	ns of, Section 607,0505, Fi	lorida Statut	es.		ration submits this statement for the pun's board of directors. I hereby accept the manufacture of the puncture of the punctur	JPPOSE OF CHANGING IN THE APPOINTMENT AS	ts registered registered	
12. OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICE			
TIPLE PD	☐ DELETE	1.1 TITLE	Ε			Change	Addition	
NAME GONZALEZ, GONZALO A.		1.2 NAM	E				•	
STREET ACCORESS 2469 WINNER CIR		1.3 STRE	ET AD	DDRESS				
CITY - ST - ZIP KISSIMMEE FL		14 CiTY		ZIP				
TITLE TS	☐ DELET€	21 TITLE				∐ Change	Addition	
OARO MININEDE CID	GONZALEZ, AIDA							
NIGGINALE EL	MICONALE EI			XORESS				
	DELETE	2. 4 CITY		· ZIP		Change	Addition	
NAME GONZALEZ, ARMANDO	בן טנונונ	3 1 7171.6				Change	L AUDRION	
0400 MANNED CID		3.2 NAM		onnece				
VICONILIEE EI		3.3 STRE						
THE PRODUMENT FL	DELETE	3.4 CITY 4.1 TITLE		211		☐ Change	Addition	
NAME	L ottere	4. 2 NAN						
STREET ADDRESS		4. 2 NAN		ODRESS				
C-TY-ST-ZP		4.4 CITY						
1014-51-0r	DELETE	5.1 TITLE		*"		☐ Change	Addition	
NAME		5.2 NAM						
STREET ADDRESS		5.3 STRE		ODRESS				
CITY-ST-ZIP		5.4 CITY						
TITLE	DELETE	6.1 TITU				☐ Change	Addition	
NAME		6.2 NAM				-		
STREET ACORESS		6.3 STRE		DORESS				
CITY- SI- ZIP		6.4 CITY		- 1				

14. 4 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.