

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

FILED

**May 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J51944 (3)
1. Corporation Name
MIAMI SALES AND SERVICE, INC.



Principal Place of Business: **17842 STATE RD. 9 MIAMI FL 33162**
Mailing Address: **17842 STATE RD. 9 MIAMI FL 33162-1008**

3. Date Incorporated or Qualified: **01/06/1987**
3a. Date of Last Report: **02/01/1996**

| | | | |
|---------------------------------|-------------------------|--|--|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 59-2842018 | Applied For <input type="checkbox"/> Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 29. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25. Country | 30. Country | | |

9. Name and Address of Current Registered Agent

**RHEAT, HOWARD
3408 BAHAMA DR.
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent

81 Name: **Rheat Howard**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **3483 Southern Orchard Road West**
84 City: **Oavie** FL 85 Zip Code: **33328**

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 | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D RHOAT, HOWARD | 12 NAME | |
| STREET ADDRESS | 17842 STATE ROAD 9 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 14 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | 100002189191 |
| STREET ADDRESS | | 53 STREET ADDRESS | -05/23/97--01005--019 |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | ***165.00 |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |

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 included 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: **Howard Rheat** 4/25/97 305 652 3291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

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