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FILED

Mar 26 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 # K99971

(9)

1. Corporation Name
NATIONAL HARDWARE, INC.



Principal Place of Business

420 NW 22ND AVE.
SUITE M
MIAMI FL 33125
US

Mailing Address

420 NW 22ND AVE.
SUITE M
MIAMI FL 33125-3338
US

3. Date Incorporated or Qualified
07/05/1989

3a. Date of Last Report
04/30/1996

4. FEI Number

65-0131014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

LEON, EUSEBIO A.
420 NW 22ND AVE.
SUITE M
MIAMI FL 33125

10. Name and Address of New Registered Agent

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

(Sign this in the printed name of agent and if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

P
LEON, EUSEBIO A.
1835 S.W. 18TH ST.
MIAMI FL

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY - ST - ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY - ST - ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY - ST - ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY - ST - ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY - ST - ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY - ST - ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY - ST - ZIP

14. I 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 married, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print

3/20/97 (305) 6497161

CR2E034 (9/96)