SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:05

DOCUMENT # **L11490** **(4)**

1. Corporation Name
JOHNNY K APPLIANCE CENTER, INC.

Principal Place of Business	Mailing Address
8343 SOUTHWEST BIRD ROAD MIAMI FL 33155-3352	8343 SOUTHWEST BIRD ROAD MIAMI FL 33155-3352

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/25/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8379 SW 40 St.	26 8379 SW 40 St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl.	City & State 28 Miami, Fl
Zip 24 33155	Zip 29 33155
County 25 Dade	County 30 Dade

4. FEI Number: 65-0146719 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOKPEZ, JUAN 4345 S.W. 98TH AVE. 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: Juan Lokpez + Juan Lokpez — Aug-2-95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PSD	11 TITLE		☐ Change ☐ Addition
NAME	LOKPEZ, JUAN	12 NAME		
STREET ADDRESS	8343 S.W. BIRD ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☑ Change ☐ Addition
NAME	ALEIDA BARRIOS	22 NAME	Melba Lokpez	
STREET ADDRESS	11780 SW 31 STREET	23 STREET ADDRESS	4345 sw 98 Ave	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami-Fl. 33165	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

SIGNATURE: Juan Lokpez — Aug-2-95 — (305) 552-5539
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0050057 CP