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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORFORATIONS

1997 DOCUMENT #

APPROVED AND FILED

1997 JUL -7 AM 11: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Par) 638-0622

ass. Used ap	pliances Corporal			
Principal Place of Business, FILL NW Than Meani Fla. 1.	Mailing Address 4 3111 Nav 7th 4127 Maini Fla.	Ave 33127	Date Incorporated on Qualified	3a. Date of Last Report
			05/03/90	4/96
2. Principal Place of Business	2a. Mailing Address	-th a	4. FEI Nurriber	Applied For
	1ve 26 3111 NW	of ave	65-0221455	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State-	City & State	Florida	6. Election Campaign Financing	\$5.00 May Be
23 7 7 1 1 1	20 /	Country	Trust Fund Contribution	Added to Fees
331127 35 7		Dase	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes No
47] —	dress of Current Registered Agent	1	10. Name and Address of New Reg	
		81 Name		
Carlos Roje 1880 Eus 16 Miani Fla	215 1 1	82 Street Addr	ess (P.O. Box Number is Not Acceptable	0) 111 2 4 200 4
1880 EUS 16	stree	UZ Street Addi	ess (1.0. pov ist is leading light s	
Marini Ela	33145	83	**************************************	ting seestet on
Fram Fia	7. **	84 City	*****16	5.00 ****165.00 ■ 85 Zip Code
		- '		FL
office or registered agent, or be agent. I am familiar with, and a SIGNATURE	Sections 607.0502 and 607.1508. Florida Statutes ooth, of the Statute of Florida. Such change was au accept the applications of Section 607.0505, Floring of Wistered agost and title if applicable.	ithorized by the corporali ida Statutes.	ion's board of directors. Thereby accept	the appointment as registered
Sto and typed or printed in	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
n/s / /	Others.	1.1 TOTLE	Noonionon vivaco vo ori no	Change Addition
	Coja s fond	1.2 NAME		_ •
STREET ADDRESS	la street	1.3 STREET ADDRESS		
CITY-ST-ZIP Means	-la. 85142	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		2 4 CITY-ST-ZIP		
DILE	L DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		}
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	Delese	3.4 CITY-ST-ZIP		Change Addit -
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 C/TY - ST - 7/P 5.1 T/TLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-S1-ZIP		_
TITLE	DELETE	6.1 TITLE		Change 1 Addition
NAME .		6 2 NAME		1881,7
STREET ADDRESS.		63 STREET ADDRESS		- 12/1/14
CITY-ST-ZIP		6.4 CITY - ST - ZIP		71("1
14. I do here y certify that the info	ormation 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 a I am an officer or director of the appears in Block 12 or Block	innual report or supplemental annual report is tru to corporation or the receiver or trustee empowe 18 if changed or on an attachment with an addri	ie and accurate and that red to execute this report ess.	my signature shall have the same legal t as required by Chapter 607, Florida Sta	effect as if made under oath; that atutes, and that my name