

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 033 ***150.00

DOCUMENT # 700000108935

1. Entity Name
Hernan Argueta's Appliances, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1529 N.W. 2nd Ave.</i>		3. Mailing Address <i>1529 N.W. 2nd Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Fort. Lauderdale, Fl.</i>		City & State <i>Fort. Lauderdale, Fl.</i>	
Zip <i>33311</i>	Country <i>U.S.A.</i>	Zip <i>33311</i>	Country <i>U.S.A.</i>

DO NOT WRITE IN THIS SPACE

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <i>Joseph K. Nofel, P.A.</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>3284 North State Road 7</i>	
		City <i>Lauderdale Lakes</i> FL Zip Code <i>33319</i>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P.T. Hernan Argueta 1529 N.W. 2nd Ave. Fort. Lauderdale, Fl. 33311</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V.S. Magnolia Garcia 1529 N.W. 2nd Ave. Fort. Lauderdale, Fl. 33311</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hernan Argueta* *5-28-02*