FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P01000019952 DOCUMENT # 1. Entity Name 04-17-2002 90095 006 ***150.00 INDEPENDENT APPLIANCES PARTS, INC. Principal Place of Business Mailing Address 3960 W. 16TH AVENUE. #207 3960 W. 16TH AVENUE, #207 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FALLON, KIERAN P Street Address (P.O. Box Number is Not 436 S.W. 8TH STREET 3960 MIAMI FE 33130 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filinguéquirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition VALIENTE, LAZARO NAME NAME 3960 W. 16TH AVENUE, #207 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-7IP TITLE VD ☐ Delete TITLE Change ☐ Addition NAME HERNANDEZ, THOMAS NAME STREET ADDRESS STREET ADDRESS 3960 W. 16TH AVENUE, #207 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 TITLE STD ☐ Delete TITLE ☐ Change ☐ Addition **BORGES. MIGUEL** NAME NAME STREET ADDRESS 3960 W. 16TH AVENUE, #207 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP خت کا ۱۱۱ ≍⊟:Delete TITLE - 🔁 Addition≅ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 Block 12 if changed, or on an attachment wit other like empowered.

SIGNATURE:

102,000 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR