

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000006364 (3)

1. Corporation Name

AMEKO WHOLESALE, INC.

Principal Place of Business

2604 NW 72ND AVE
MIAMI FL 33122

Mailing Address

2604 NW 72ND AVE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/20/1992

3a. Date of Last Report
05/26/1994

4. FEI Number
65-0382357

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. 2604 NW 72ND AVE

2a. Mailing Address

26. 2604 NW 72ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

MIAMI, FL

27. City & State

MIAMI, FL

24. Zip

33122

25. County

DADE

29. Zip

33122

30. County

DADE

9. Name and Address of Current Registered Agent

ROJAS, MIKAL
2876 NW 72 AVE
MIAMI FL 33122

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ROJAS, PEDRO
STREET ADDRESS	8363 NW 66TH ST
CITY, ST, ZIP	MIAMI FL 33166
TITLE	DVS
NAME	ROJAS, MIKAL
STREET ADDRESS	8363 NW 66TH ST
CITY, ST, ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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 110.07(3)(k), 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 attachment with an address.

SIGNATURE: (S)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/95 305)593-0060