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FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000026224 (4)

1. Corporation Name

ALL BRAND CARE APPLIANCES, INC.

Principal Place of Business

% JONATHAN H GREEN PA
2400 S DIXIE HWY SUITE 105
MIAMI FL 33133

Mailing Address

% JONATHAN H GREEN PA
2400 S DIXIE HWY SUITE 105
MIAMI FL 33133-3141



3. Date Incorporated or Qualified
04/08/1993

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0413482

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 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

JONATHAN H GREEN PA
2400 S DIXIE HWY
SUITE 105
MIAMI FL 33133

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVD
NAME RAMIREZ, MICHELE
STREET ADDRESS 2237 SE 27 DR
CITY - ST - ZIP HOMESTEAD FL

DELETE

TITLE D
NAME RAMIREZ, DANNY
STREET ADDRESS 13552 W 179 ST
CITY - ST - ZIP MIAMI FL

DELETE

TITLE D
NAME RAMIREZ, DEBORAH
STREET ADDRESS 13829 SW 283 TERRACE
CITY - ST - ZIP HOMESTEAD FL

DELETE

TITLE D
NAME VALENZUELA, MILTON
STREET ADDRESS 3300 SW 26 ST
CITY - ST - ZIP MIAMI FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 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: *Michael Ramirez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 305-245-2699
Date Daytime Phone #

CR2E034 (9/96)