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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044462 (8)

1. Corporation Name

SERGIO'S APPLIANCE CORP.



Principal Place of Business

Mailing Address

12336 NW 98TH AVE
APT. 38 NO
HIALEAH GARDENS FL 33016
US

12336 NW 98TH AVENUE
APT. 38 NO
HIALEAH GARDENS FL 33016
US

2. Principal Place of Business

2a. Mailing Address

21 12336 NW 98 AVE
Suite, Apt. #, etc.

26 12336 NW 98 AVE
Suite, Apt. #, etc.

22 City & State
23 Hialeah Gardens, FL
Zip Country
24 33016 25 USA

27 City & State
28 Hialeah Gardens, FL
Zip Country
29 33016 30 USA

9. Name and Address of Current Registered Agent

MEDINA, SERGIO
12336 NW 98TH AVENUE
#38 NO
HIALEAH GARDENS FL 33016

81 Name MEDINA SERGIO

82 Street Address (P.O. Box Number is Not Acceptable)
12336 NW 98 AVE

83

84 City Hialeah Gardens, FL 85 Zip Code 33016

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

Sergio Medina (Director)

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

(NOTE: Registered Agent's signature required when re-stating)

2/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MEDINA, SERGIO
STREET ADDRESS 416 E. 27TH ST. APT. 3S
CITY-ST-ZIP HIALEAH FL 33013

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STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE D
1.2 NAME MEDINA SERGIO
1.3 STREET ADDRESS 12336 NW 98 AVE
1.4 CITY-ST-ZIP HIALEAH GARDENS, FL. 33016

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

Sergio Medina (Director)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (301) 441-8582

CR2E034 (12/95)