Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90050 031 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000044462

1. Corporation Name

SERGIO'	S APPLIANCE C	ORP.															
Principal Place	of Business		Mai	ling Address				-		1	i i ab ilları il	8 1818 8 1411 881	II BOXIII OBIII O	DILI DIBİL DI		11111 1161	
8554 NW 165TH				NW 165TH S	T					1							
MIAMI LAKES F				-99-	•												
US				VII LAKES FL 3	30 16								VRITE IN T	HIS SPA	CE		
			US								06/23/1993		fed				
2. Principal Pi	face of Business		2a.	Mailing Addre	SS					4.	FEI Number				Ap	plied Fo	er
21			26	8554	NW	1	65	5	7		65-041987	7			No	t Applica	able
Suite, Apt. #, etc.			Suite, Apt. #, etc.								Certificate of S	tatus Desire	d 🗆	\$		Additional	al
City & State	8	<u> </u>	+	City & State	,		<u>: رياد</u>			6.	Election Camp	aign Financi	na	•	5.00	May Be	
23			28	liami	LAK	ES.	H	7		•	Trust Fund Co	-	a 🗀		Added t		
Zip	Count	ry	12217	Zip			Country		_	8.	This corporation	on owes the	current yea	r Intangib	le		
24	25		29	330 K	0	30	US	54	7		Personal Prop		•	۱۵		No	
	9. Name and Addr	ess of Current	Regist	ered Agent						10.	Name and Ac	ldress of Ne	w Registe	red Ager	it		
					-		81	N	lame								
	GIO, MEDINA						92		troot Addre	see /D	O. Box Numb	er is Not Acc	entable)	_			
8554 NW 165TH ST							62	82 Street Addres			.O. BOX NUMB	31 13 1401 700	optable)				
MAIM	AII LAKES FL 33016						83	1									
								<u> </u>							.T =:- 1	7.4.	
							84	il c	City					FL 85	5 Zip (700B	
office or r	to the provisions of Sec egistered agent, or both m familiar with, and acc	n in the State of	Florida	s. Such chang	e was at	uthor	zed by	r the	amed corpo corporation	ration n's bo	submits this s pard of directors	tatement for s. I hereby a	the purpos	e of chan ppointme	ging its nt as re	register gistered	ed
SIGNATURE																	1
SIGNATURE	Signature, typed or printed name				(NOTE:	Regist	ered Age	int sig	nature required				DAT				
12.		OFFICERS AND	DIREC				13.				ADDITIONS/CH	IANGES TO	OFFICERS				
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NAME	MEDINA, SERGIO					1	.2 NAME										
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

URE REQUIRED