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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300063517 (5)

BESTBUY SUPPLY DEPOT, CORP.

I do hereby certify that the information supplied with information indicated on this annual report or supply

Principal Place of Business Mailing Address								
7600 NW 71ST STREET MIAMI FL 83168 US		7800 NW 71ST STREET MIAMI FL 33166-2345 US						
					3. Date Incorporated or Qualified 09/13/1993		e of Last Fi 9/1996	eport
2. Principal Place of Business 2a. Mailing Ad			Address		4. FEI Number	1		plied For
21 26 Suite. Apt. #. etc.		6 Suite, Apt. #, etc.		65-0435337		····	t Applicable	
2		27		5. Certificate of Status Desired	X	\$8.75 / Fee Re		
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip Country 24 25 29		Zip	ip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
<u> </u>	9. Name and Address of Current		1901		10. Name and Address of New R			
SAE	BAG, RAUL		81	Name				
	0 NW 71ST STREET			Classi Adda	(CO Dankley to the New York	-1-1-X		
MIAMI FL 33166			82	Street Addr	ess (P.O. Box Number is Not Accepta	abio)		
			83			• • • • • • • • • • • • • • • • • • • •		
,			84	City			85 Zip (Codo .
The State of the S	·			,		FL	1 1 '	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 607.0506, Florida Statutes.								
SIGNATURE								
SIGNATIONE	Signature typed or printed name of registered agent		1E: Registered Age	nl signature requir	ed when reinstating)	DATE	<i>:</i>	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	PD PS 1111	1 DELETE	1.1 TITLE			1	Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	RUA TUPI, 634 APTO 91 PACAE	MRU	1.3 STREET	Į				
CITY-ST-ZIP TITLE	SAO PAULO BR STD	OELETÉ	1.4 CHY-S	1-716				Addition
NAME	PESCARA, JOSE R	- Determ	2111111				Change	Addition
STREET ADDRESS	RUA JOAO BATISTA LIMA 127 \	ALLA DICA	2.2 NAME	********				
	SAO PAULO, BRASIL	ALLA RICA	23 STREET	ļ				
CITY-ST-ZIP TITLE	VD	DELETÉ	2 4 CHY-5		Francis - 17		Change	Addition
NAME	SABBAG, RAUL		3.2 NAME			•	onango	L. J Addition
STREET ADORESS	10481 SW 160 CT		3.3 STREET	ADDRESS .				
CITY-ST-ZIP	MIMAI FL 33196		3.4. CHTY - 5	'				
TITLE	1	. DELETE	4.1 TITLE				Change	Addition
NAME	PESCARA, JOSE ROBERTO		4. 2 NAME				-	
STREET ADDRESS	01256-000		4.3 STREET	ADDRESS				
CITY-ST-ZIP	SAO PAULO BR		4.4 CHY-S	T- ZIP				
TITLE		DELL'TE	5.1 THLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CHIY-S	1 - ZIP				
TITLE		☐ DELETE	6.1 1111.6			[Change	Addition
NAME			6.2 NAME					
STREET ADDRESS		_	6.3 STREET					
CITY-ST-7/P		<i></i>	64 CDV-S	1-710				

liber doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name