

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

May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000063517 (5)**  
1. Corporation Name

**BESTBUY SUPPLY DEPOT, CORP.**

Principal Place of Business	Mailing Address
7800 NW 71ST STREET MIAMI FL 33166 US	7800 NW 71ST STREET MIAMI FL 33166 US

<b>2. Principal Place of Business</b>			<b>2a. Mailing Address</b>		
<b>21</b>			<b>26</b>		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.	
<b>22</b>			<b>27</b>		
	City & State			City & State	
<b>23</b>			<b>28</b>		
	Zip	Country		Zip	Country
<b>24</b>		<b>25</b>	<b>29</b>		<b>30</b>

DO NOT WRITE IN THIS SPACE		
3. Date Incorporated or Qualified <b>09/13/1993</b>		
4. FEI Number <b>65-0435337</b>	<input type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		81	Name
SABBAG, RAUL		82	Street Address
7800 NW 71ST STREET		83	
MIAMI FL 33166		84	City

<b>FL</b>		<b>85</b>	Zip Code
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**11.** Pursuant to the provisions of Sections 607.0505, 607.0508, and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12.			OFFICERS AND DIRECTORS			13.		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE					
NAME	CRUZ, NILSON DE ALMI		1.2 NAME					
STREET ADDRESS	RUA TUPI, 634 APTO 01 PACAEMBU		1.3 STREET ADDRESS					
CITY - ST - ZIP	SAO PAULO BR		1.4 CITY - ST - ZIP					
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE					
NAME	PESCARA, JOSE R		2.2 NAME					
STREET ADDRESS	RUA JOAO BATISTA LIMA 127 VILLA RICA		2.3 STREET ADDRESS					
CITY - ST - ZIP	SAO PAULO, BRASIL		2.4 CITY - ST - ZIP					
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE					
NAME	SABBAG, RAUL		3.2 NAME					
STREET ADDRESS	10481 SW 160 CT		3.3 STREET ADDRESS					
CITY - ST - ZIP	MIMAI FL 33196		3.4 CITY - ST - ZIP					
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE					
NAME	PESCARA, JOSE ROBERTO		4.2 NAME					
STREET ADDRESS	01256-000		4.3 STREET ADDRESS					
CITY - ST - ZIP	SAO PAULO BR		4.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE					
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY - ST - ZIP			5.4 CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE					
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY - ST - ZIP			6.4 CITY - ST - ZIP					

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<p>D SCANA, Jose R DA SMO BATISTA LIMA 127 Villa Rica DO PAULO, Brazil</p>	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/> Addition
	<input type="checkbox"/>	Change	<input type="checkbox"/> Addition
	<input type="checkbox"/>	Change	<input type="checkbox"/> Addition
	<input type="checkbox"/>	Change	<input type="checkbox"/> Addition
<p>D RUBEN SABBAG A GABRIEL DOS SANTOS 300 APT 92 O PAULO - SP - 01231</p>	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/>	Change	<input type="checkbox"/> Addition

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 registered 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 checked on an attachment with an address

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_

Daytime Phone #

0231207

CP2E034 (10/97)