

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

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May 06 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 # P94000036312 (4)

1. Corporation Name
AAA WHOLESALE GROUP OF FLORIDA, INC.



Principal Place of Business: 5413-15 N.W. 163RD ST. HIALEAH FL 33014
Mailing Address: 5413-15 N.W. 163RD ST. HIALEAH FL 33014-6130

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report: 02/05/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0501169	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	<input type="checkbox"/>	
23	23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	Country	<input type="checkbox"/>	
24	24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
JINNAH, ISHTIAQ A 5413-15 N.W. 163RD ST. HIALEAH FL 33014		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code
			FL	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JINNAH, ISHTIAQ A	12 NAME	
STREET ADDRESS	5413-15 N.W. 163RD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANJWANI, MADAD	22 NAME	
STREET ADDRESS	5413-15 N.W. 163RD ST.	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARANIA, ALADIN B	32 NAME	
STREET ADDRESS	5413-15 N.W. 163RD ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANI, AMHMOND	42 NAME	
STREET ADDRESS	5413-15 NW 163TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(8)(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: _____ DATE: 04/28/97

CR2E034 (9/96)