FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000047932 (6)

1. Corporation Name
APPLIANCE CENTER AIRPORT WEST, INC.

Principal Place of Business
8181 N.W. 14TH ST.
MIAMI FL 33126

Mailing Address
8181 N.W. 14TH ST.
MIAMI FL 33126

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 1400 N.W. 107 Ave.
Suite, Apt. #, etc. 22 5th. Floor
City & State 23 Miami, Fl
Zip 24 33172 Country 25

2a. Mailing Address
26 1400 N.W. 107 Ave.
Suite, Apt. #, etc. 27 5th Floor
City & State 28 Miami, Fl.
Zip 29 33172 Country 30

4. FEI Number: 65-0503802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LEVY, JOEL
8181 N.W. 14TH ST.
MIAMI FL 33126

10. **Name and Address of New Registered Agent**

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 1400 N.W. 107 Ave. 5th Floor
83
84 City: Miami FL 85 Zip Code: 33172

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 ______ Signature, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SIEGEL, STEVEN T.	
STREET ADDRESS	8181 NW 14TH STREET, 3RD FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	☐ DELETE
NAME	ADLER, MICHAEL M.	
STREET ADDRESS	8181 NW 14TH STREET, 3RD FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DTS	☐ DELETE
NAME	LEVY, JOEL	
STREET ADDRESS	8181 NW 14TH STREET, 3RD FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	☐ DELETE
NAME	ADLER, HERBERT	
STREET ADDRESS	8181 NW 14TH STREET, 3RD FLR	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	600001810086	
5.1 TITLE	-05/06/96--01106--024	☐ Change ☐ Addition
5.2 NAME	***200.00	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	5-1-96 DR	

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: J. Levy 4/30/96 (305) 342-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)