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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000085546 (7)

GONZALEZ APPLIANCES REPAIR, INC.

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SIGNATURE

FILED Feb 06 1998 8:00am Secretary of State

ncipal Place of Business Mailing Address						
1982 W. 42ND PLACE HIALEAH FL 33012		1362 W. 42ND PLACE HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					11/23/1994	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For
rt	26				65-0538632	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27			-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	y & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
GONZALEZ, LEONARDO			81	Name		
1382 W. 42ND PLACE Hialeah Fl 33012		<u> </u>		Street Addr	ress (P.O. Box Number is Not Acceptable)	
			83	· <u></u>		
			84	City	FL	85 Zip Code

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSD DELETE ☐ Change Addition 1.1 TITLE TITLE GONZALEZ, CONSUELO NAME 1.2 NAME 1362 W. 42ND PLACE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VTD 2.1 TITLE **GONZALEZ, LEONARDO** NAME 2.2 NAME 1362 W. 42ND PLACE STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE ☐ Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME

6.4 CITY - ST - ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition