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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000087926	(8)
L. Corrossabon Mamo		

DEL VALLE APPLIANCES, INC.

## **FILED** May 09 1997 8:00am Secretary of State

Principal Pra 8351 N.W. 68 MIAMI FL 331		Mailing Address 9125 SW 48TH TERRACI MIAMI FL 33185-6656 US	E	· · · · · · · · · · · · · · · · · · ·				
		•			3. Date Incorporated or Qualified 11/16/1995		ate of Last Re 19/1996	aport
2. Principal	Place of Business	2a. Mailing Address 26		····	4. FEI Number 65-0635158		Ap	plied For t Applicable
Suite, Apt	t #, etc	Suite, Apt. #, etc		·····	5. Certificate of Status Desired		\$8.75 A	Additional
City & Str	ito	City & State	M. T	·····	6. Election Campaign Financing		\$5.00	
<b>23</b>	Couritry	28 Zip	Coun	try	Trust Fund Contribution  8. This corporation has liability for	o <u>r intangible</u>	Added to tax under s.	······································
24	25	29	30		Florida Statutes		No	
	9. Name and Address of Current	Hegistered Agent		Name	10. Name and Address of New I	Kegistered	Agent	
	IIZ-CHACON, RAUL D 51 N.W. 68TH STREET							
	AMI FL 33166			Street Add	dress (P.O. Box Number is Not Accept	iable)		
			ε	33				
			i	34 City	, <u>, , , , , , , , , , , , , , , , , , </u>		85 Zip (	Code
dd Diwaran	it to the provisions of Sections 607,0502	and CO7 1500 Florida Phol	tuton the ob-		maratina automita thia stata-sant for the	FL	d abanaina it	a registered
SIGNATURE	orn familiar with, and accept the obligation of	t and title if applicable (N			uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE FICERS ANI	D DIRECTOR	S IN 12
	PTSD	DELETE	1.1 TITL	E [	ADDITIONS/STANCES TO OT	TOLTO ATT	Change	Addition
NAME	RUIZ-CHACON, RAUL D		1.2 NAM	1E				
STREET ADDRESS			1.3 STR	EET ADDRESS				
City - ST- Zil	MIAMI BEACH FL 33139			·ST-ZIP				
THTEF NAME					·	· · · · · · · · · · · · · · · · · · ·	Change	Addition
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	5	☐ DELETE	2.2 NAM 2.3 STRI 2. 4 CIT 3.1 T/TL	EET ADDRESS Y-ST-ZIP E			Change Change	Addition
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14. I do 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 of 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 a statute of the corporation of the corporation and that my name appears in Block 12 or Block 13 if changed or on a statute of the corporation of the corpo

**SIGNATURE:**