

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

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**Feb 24 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 # P96000025912 (2)

1. Corporation Name
AAA APPLIANCE PARTS AND A/C SUPPLIES, INC.



Principal Place of Business
**4170 S.W. 74TH COURT
MIAMI FL 33155**

Mailing Address
**4170 S.W. 74TH COURT
MIAMI FL 33155-4414**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1996	3a. Date of Last Report <i>M/D</i>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0654411	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
DEESMA, PEDRO L C/O WHITE & CASE 200 S. BISCAYNE BOULEVARD, SUITE 4900 MIAMI FL FL331-31		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	85 Zip Code

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	D	11 TITLE	P D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEESMA, PEDRO	12 NAME	
STREET ADDRESS	4170 S.W. 74TH COURT	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33155	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	T S P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEESMA, MADELAYNE	22 NAME	
STREET ADDRESS	4170 S.W. 74TH COURT	23 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33155	24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		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		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(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.

SIGNATURE: *Pedro Deesma* **Pedro Deesma** 1/17/97 305-261-8082

CR2E034 (9/96)