

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079263 (1)

1. Corporation Name

~~AMERICAS Best Buys, Inc.~~

Principal Place of Business

3900 N FEDERAL HWY
ONE
BOCA RATON FL 33431
US

Mailing Address

3900 N FEDERAL HWY
ONE
BOCA RATON FL 33431-4525
US

same

3. Date Incorporated or Qualified

07/24/1989 10/20/96

3a. Date of Last Report

05/01/1998 N/A

4. FEI Number

05-0135003 65 06 99121

Applied For

Not Applied

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. 199.03
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

TRAINA, JAMES
3900 N FEDERAL HWY
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

2900 Oliver Road

84. City

Boca Raton

FL

85. Zip Code

33431

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

James Traina

James Traina

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	D	1.1 TITLE	Change Add
NAME	DEMUTH, DAVID	1.2 NAME	
STREET ADDRESS	3900 N FEDERAL HWY	1.3 STREET ADDRESS	2263 NW 2nd Ave #106
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	33431
TITLE	D	2.1 TITLE	Change Add
NAME	TRAINA, JAMES	2.2 NAME	
STREET ADDRESS	3900 N FEDERAL HWY	2.3 STREET ADDRESS	2263 NW 2nd Ave #106
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33431
TITLE		3.1 TITLE	Change Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, as changed, or on an attached page with a signature.

SIGNATURE: Sandra B. Mortham

4/29/97