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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080161

1. Corporation Name

REFRI APPLIANCE PARTS, CORP.

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90002 009 ***150.00



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MEDLEY FL 33166 MEDLEY FL 331			3316			DO NOT WRITE IN THIS SPACE				
US		US						SPACE		1
							Date Incorporated or Qualifed			
0.00	W	2- Mailing Address					09/16/1997 FEI Number		oplied For	1
⊢ ¬ '	lace of Business	2a. Mailing Address							ot Applicable	
Suite, Apt.	# oto	Suite, Apt. #, etc.				 	65-0781028		Additional	ł
	#, etc.	⊢	Suite, Apr. #, atc.			5. (Certifcate of Status Desired		equired	ļ
City & Stat	te	City & State				6 5	Election Campaign Financing		May Be	1
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip	Соп	intry			This corporation owes the current year Int.			1
24	25	29	30	•		· ·	Personal Property Tax.	Yes	No	1
	9. Name and Address of Currer	···	11			10.	Name and Address of New Registered	Agent		
				81	Name					
	ABALLO, HECTOR J			82	Stroat Addra	ace (D (O. Box Number is Not Acceptable)			-
	3 WEST 71ST PLACE			62	Street Addre	ess (F.	O. Box Humber is Not Acceptable)			
MIAI	MI FL 33016			83]
}				04	0:4			OF 7in	Code	┨
{				84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statul	tes, the al	bove	-named corpo	oration	submits this statement for the purpose of	changing its	registered	1
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607,0505, Flo	iuthorized orida Stati	i by t utes.	the corporation	on's boa	ard of directors. I hereby accept the appoi	ntment as re	gisterea	
	ann annaid. Man, and assopt the obliga									l
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (NOTE	: Registered	l Agent	t signature required	d when rei	instating) DATE			6
12.		ND DIRECTORS	13.			Al	DDITIONS/CHANGES TO OFFICERS AN			1 5
TITLE	PD		1,1 TIT	TLE				Change	☐ Addition	ξ.
NAME	CARABALLO, HECTOR J		1.2 NA	AME						3
STREET ADDRESS	2533 WEST 71ST PLACE		1.3 ST	TREET.	ADDRESS					١
CITY-ST-ZIP	MIAMI FL 33016		1.4 CIT	TY-ST-	-ZIP					Ì
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information flat 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 offerer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in accument with an address, with all other like empowered. 14. I hereby certify that the information supplied y indicated on this annual report or supplyme officer or director of the corporation of the Block 12 or Block 13 if changed, or pan a

SIGNATURÉ: V