


**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90130 046 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000016041**

1. Corporation Name

**GONZALEZ HOME APPLIANCE CENTER, INC.**

Principal Place of Business	Mailing Address
901 SW 87TH AVENUE MIAMI FL 33174	901 SW 87TH AVENUE MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1998	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 65-0813276	Applied For 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
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GONZALEZ, ALFONSO</b> <b>901 SW 87TH AVENUE</b> <b>MIAMI FL 33174</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 replacing)				DATE _____							
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE _____ NAME <b>ALFONSO GONZALEZ</b> STREET ADDRESS <b>13902 SW 27 TRAIL</b> CITY-STATE-ZIP <b>MIAMI FL 33175</b> <input type="checkbox"/> DELETE								1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE _____ NAME <b>ELBY GONZALEZ</b> STREET ADDRESS <b>13902 SW 27 TRAIL</b> CITY-STATE-ZIP <b>MIAMI FL 33175</b> <input type="checkbox"/> DELETE								2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____ <input type="checkbox"/> DELETE								3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____ <input type="checkbox"/> DELETE								4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____ <input type="checkbox"/> DELETE								5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____ <input type="checkbox"/> DELETE								6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-STATE-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition							

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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **4/3/99** **305-264-0150**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)