DOCUMENT # P98000101170  1. Entity Name  OPEN HOUSE APPLIANCE GALLERY, INC.						FILED May 10, 2000 8:00 am Secretary of State  05-10-2000 90175 039 ***150.00				
Principal Place	····			03-10-2000 3	901/3/039	130.00	,			
608 NW 57 AVE MIAMI FL 33126		608 NW 57 AVE MIAMI FL 33126-4815								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS S	PACE _		
City & State		City & State		4. FEII	Number 65-087957	20		plied For t Applicable		
Zìp	Country	Zip	Country		5. Cert	ificate of Status Desired		8.75 Add		
	6. Name and Address of Current Re	egistered Agent			7. Nam	e and Address of New	Registered A	gent		
	··	المتحدد المتحد		Name Ja	ase	Wedo J	R			
TURBAY, AILIN 608 NW 57 AVE MIAMI FL 33126				Street Address (P.O. Box Number is Not Acceptable)						
			ļ	City MIA	MI		FL	Zip Code		
8. The above	named entity submits his statement for the state				tered agent,					
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	000 Fee	will be \$550.00	tate	Election Campaign F     Trust Fund Contributi	ion. 🗆	Ådded	May Be I to Fees	
11.	OFFICERS AND D		12.		ADDIT	IONS/CHANGES TO OF	FICERS AND			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D LLEDO, JORGE JR 10050 SW 122 COURT MIAMI FL 33186	☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINIMI Y E GO TOO	☐ Delete						Change	☐ Addition	
TITLE		☐ Delete	TITLE	-			<del> </del>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		ه پيد ښونوميد.		ET ADDRESS ST-ZIP	د ماهمان - المؤسسات	المسلمة والدائد المساطية المس	and the second	بدر <u>بازمواس</u> ار م	<u></u>	
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indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empey, or on an attachment with an address.	rue and accurate and that pared to execute this repor	my signal t as requi	ture shall have th	ie same leos	al effect as if made unde	ernath that ia	m an officer	or director	
SIGNAT	SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	C LESSED	OR		Date	Da	ytime Phone #		
	. (/									