

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
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # S45377 (6)

1. Corporation Name
GLENMONT APPLIANCE REPAIR CENTER INC.

Principal Place of Business
4701 WEST FLAGLER ST.
MIAMI FL 33134

Mailing Address
4701 WEST FLAGLER ST.
MIAMI FL 33134-1451

3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 05/31/1996
4. FEI Number 65-0252582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORTES, RAUL 4701 W. FLAGLER ST. MIAMI FL 33134		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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	STREET ADDRESS	11 TITLE	
CITY-ST-ZIP	MIAMI FL	12 NAME	
		13 STREET ADDRESS	
		14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	
NAME	STREET ADDRESS	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	
NAME	STREET ADDRESS	32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	
NAME	STREET ADDRESS	52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	
NAME	STREET ADDRESS	62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
		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, upon an amendment with an address.

CR2E034 (9/96)