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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S51796**



FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90097 037 ***150.00

A. HERRERA APPLIANCE SERVICE,	INC.	•				
Principal Place of Business	Mailing Address				MII MIMIT RIBII DINII	AIRIS BIBII 1881
2530 W 6TH LN HIALEAH FL 33010	2530 W 6TH LN HIALEAH FL 33010			DO NOT WRITE IN T	HIS SPACE	
		_		3. Date Incorporated or Qualifed		
·		:		05/09/1991 4. FEI Number		police For
2. Principal Place of Business	2a. Mailing Address	·		65-0263058	}~ 	oplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 				Additional
22	27			5. Certifcate of Status Desired	Fee R	equired
City & State	City & State	•		6. Election Campaign Financing		May Be
23	28			Trust Fund Contribution		to Fees
Zip Country	Zip	Country	У	8. This corporation owes the current yea	r Intangible Yes	□No
24 25 9. Name and Address of Current	29 3	10		Personal Property Tax. 10. Name and Address of New Register		
g. Name and Address of Current	Registered Agent	81	Name	10. Hame and planted or the state	<u> </u>	
HERRERA, ALEJANDRO		<u></u>	Charat Addres	ess (P.O. Box Number is Not Acceptable)	_	
2530 WEST 6TH LANE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HIALEAH FL 33010		83	3			
		84	l City		. 85 Zip	Code
			1			
		!_			- E - b 14-	!_4
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligati	and 607.1508, Florida Statutes of Florida. Such change was aut ons of, Section 607.0505, Florid	, the above horized by ta Statutes	re-named corporation s.	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its opointment as re	registered egistered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statutes	s.			s registered egistered
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable. (NOTE: R	ia Statutes	ve-named corpo v the corporation s. ent signature required		<u> </u>	
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Age	s.	d when reinstating) DATI	<u> </u>	
agent. I am familiar with, and accept the obligation of the state of t	and title if applicable. ODIRECTORS	Registered Age	s.	d when reinstating) DATI	AND DIRECTO	ORS IN 12
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE DPS NAME HERRERA, ALEJANDRO STREET ADDRESS 2530 WEST 6TH LANE	and title if applicable. ODIRECTORS	ta Statutes Registered Age 13. 1.1 TITLE 1.2 NAME	s.	d when reinstating) DATI	AND DIRECTO	ORS IN 12
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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 suppliemental 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: