

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **V03903** (4)  
1. Corporation Name  
**SOUTH FLORIDA APPLIANCE, INC.**

95 JAN 26 PM 3:59

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**41 W. 29 ST.  
HIALEAH FL 33012** **41 W. 29 ST.  
HIALEAH FL 33012**

3. Date Incorporated or Qualified **12/31/1991** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 2a. Mailing Address  
**21** **26**

4. FEI Number **65-0304736** Applied For  
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22** **27**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

City & State City & State  
**23** **28**

6. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be  
Added to Fees**

Zip Country Zip Country  
**24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**NOVALES, PABLO  
41 W. 29 ST.  
HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
**01 Name**  
**02 Street Address (P.O. Box Number is Not Acceptable)**  
**03**  
**04 City** **FL** **05 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 the filer applicant) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PSTD</b>
NAME	<b>NOVALES, ROALD</b>
STREET ADDRESS	<b>18716 NW 78 TERR.</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(6)(b), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-10-95**  
(Signature, typed or printed name of signing officer or director)