

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 200

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 346457 (5)

1. Corporation Name  
TEXAS SUPPLY, INC.



Principal Place of Business: 152 N E 11TH ST MIAMI FL 33132  
Mailing Address: 152 N E 11TH ST MIAMI FL 33132

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/20/1969	3a. Date of Last Report 02/28/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-1267513	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZISQUIT, FRED 152 NE 11TH ST MIAMI FL 33132	10. Name and Address of New Registered Agent
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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: DVP WEISS, IRWIN	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 950 N.E. 2ND AVE.		13.2 NAME	
12.3 CITY-STATE-ZIP: MIAMI, FL 00000		13.3 STREET ADDRESS	
12.4 TITLE: SD	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: ZISQUIT, DEBRA		13.5 TITLE	
12.6 STREET ADDRESS: 950 N.E. 2ND AVE.		13.6 NAME	
12.7 CITY-STATE-ZIP: MIAMI, FL 00000		13.7 STREET ADDRESS	
12.8 TITLE: TD	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: WEISS, ELLEN		13.9 TITLE	
12.10 STREET ADDRESS: 950 N.E. 2ND AVE.		13.10 NAME	
12.11 CITY-STATE-ZIP: MIAMI, FL 00000		13.11 STREET ADDRESS	
12.12 TITLE: PD	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: ZISQUIT, JUDD		13.13 TITLE	
12.14 STREET ADDRESS: 950 N.E. 2ND AVE.		13.14 NAME	
12.15 CITY-STATE-ZIP: MIAMI FL		13.15 STREET ADDRESS	
12.16 TITLE:	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:		13.17 TITLE	
12.18 STREET ADDRESS:		13.18 NAME	
12.19 CITY-STATE-ZIP:		13.19 STREET ADDRESS	
12.20 TITLE:	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME:		13.21 TITLE	
12.22 STREET ADDRESS:		13.22 NAME	
12.23 CITY-STATE-ZIP:		13.23 STREET ADDRESS	
12.24 TITLE:	<input type="checkbox"/> DELETE	13.24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME:		13.25 TITLE	
12.26 STREET ADDRESS:		13.26 NAME	
12.27 CITY-STATE-ZIP:		13.27 STREET ADDRESS	
12.28 TITLE:	<input type="checkbox"/> DELETE	13.28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 NAME:		13.29 TITLE	
12.30 STREET ADDRESS:		13.30 NAME	
12.31 CITY-STATE-ZIP:		13.31 STREET ADDRESS	
12.32 TITLE:	<input type="checkbox"/> DELETE	13.32 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 NAME:		13.33 TITLE	
12.34 STREET ADDRESS:		13.34 NAME	
12.35 CITY-STATE-ZIP:		13.35 STREET ADDRESS	
12.36 TITLE:	<input type="checkbox"/> DELETE	13.36 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.37 NAME:		13.37 TITLE	
12.38 STREET ADDRESS:		13.38 NAME	
12.39 CITY-STATE-ZIP:		13.39 STREET ADDRESS	
12.40 TITLE:	<input type="checkbox"/> DELETE	13.40 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.41 NAME:		13.41 TITLE	
12.42 STREET ADDRESS:		13.42 NAME	
12.43 CITY-STATE-ZIP:		13.43 STREET ADDRESS	
12.44 TITLE:	<input type="checkbox"/> DELETE	13.44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.45 NAME:		13.45 TITLE	
12.46 STREET ADDRESS:		13.46 NAME	
12.47 CITY-STATE-ZIP:		13.47 STREET ADDRESS	
12.48 TITLE:	<input type="checkbox"/> DELETE	13.48 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.49 NAME:		13.49 TITLE	
12.50 STREET ADDRESS:		13.50 NAME	
12.51 CITY-STATE-ZIP:		13.51 STREET ADDRESS	
12.52 TITLE:	<input type="checkbox"/> DELETE	13.52 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.53 NAME:		13.53 TITLE	
12.54 STREET ADDRESS:		13.54 NAME	
12.55 CITY-STATE-ZIP:		13.55 STREET ADDRESS	
12.56 TITLE:	<input type="checkbox"/> DELETE	13.56 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.57 NAME:		13.57 TITLE	
12.58 STREET ADDRESS:		13.58 NAME	
12.59 CITY-STATE-ZIP:		13.59 STREET ADDRESS	
12.60 TITLE:	<input type="checkbox"/> DELETE	13.60 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: 2/1/96  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] DATE/TIME PRINTED: 305-371-6723

CR2E034 (12/95)