

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

APPROVED AND FILED

95 MAY 10 PM 7:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 571677
1. Corporation Name
THE SUPPLY HOUSE, INC.

Principal Place of Business 7204 N.W. 79 TERR. MIAMI, FL. 33166	Mailing Address 7204 N.W. 79 TERR. MIAMI, FL. 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/01/1982	3a. Date of Last Report 5/01/94	4. FEI Number 59-2087914	Applied For <input type="checkbox"/> 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			

9. Name and Address of Current Registered Agent FIGUEIRA, FERNANDO 7204 N.W. 79th TERRACE MIAMI, FL. 33166	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P O Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	NAME FIGUEIRA, FERNANDO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7204 N.W. 79th TERR.	CITY, ST, ZIP MIAMI, FL. 33166	12 NAME	
		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

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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 110 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: Y 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FERNANDO FIGUEIRA, PRESIDENT

5/05/95 (305) 883-2131