

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M26887 (3)**

1. Corporation Name
A & S SUPPLIERS, INC.



Principal Place of Business: **2739 W. 79 STREET. #18 HIALEAH FL 33016**
Mailing Address: **2739 W. 79 STREET. #18 HIALEAH FL 33016**

3. Date Incorporated or Qualified: **02/04/1986**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21 **1970 W. 84 St.**
22 Suite, Apt. #, etc.
23 **Hialeah, Fl.**
24 **33014** 25 **U.S.A.**
26 **1970 W. 84 St.**
27 Suite, Apt. #, etc.
28 **Hialeah, Fl.**
29 **33014** 30 **U.S.A.**

4. FEI Number: **59-2631587 2631507**
Applied For:
Not Applicable:

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

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

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

9. Name and Address of Current Registered Agent
**RODRIGUEZ, SUSANA
8762 N.W. 150 STREET
MIAMI FL 33016**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **430 N.W. 197 AVENUE**
83
84 City: **Pembroke Pines** FL 85 Zip Code: **33029**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ARMANDO R.	
STREET ADDRESS	8762 N.W. 150 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SUSANA M.	
STREET ADDRESS	8762 N.W. 150 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, ARMANDO R.	
1.3 STREET ADDRESS	430 N.W. 197 AVE.	
1.4 CITY - ST - ZIP	Pembroke Pines, Fl. 33029	
2.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, SUSANA M.	
2.3 STREET ADDRESS	430 N.W. 197 AVE.	
2.4 CITY - ST - ZIP	Pembroke Pines, Fl. 33029	
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 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: *Susana M. Rodriguez* **SUSANA M. RODRIGUEZ** 1-796 (305) 557-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)