## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DEVISION OF CORPORATIONS

(3)

DOCUMENT # M26887

A & S SUPPLIERS, INC.

FILED
Jan 14 1997 8:00am
Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address			ı roninesi ria tıbın sılatı talbı salılı 1841 Albit Albit Arkılı Ribit Atati Atati Atati Atati				
1970 W. 84TH ST.		1970 W. 84TH ST.								
HIALEAH FL 33 Us	014	HIALEAH FL 33014-3252 US								
00		03				3. Date Incorporated or Qualified	3a. D:	ate of Last F	Recort	
		······································	·		a	02/04/1986		25/1996	TCDOTT	
	ace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26		59-2631507			ot Applicable			
Suite, Apt. #. etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
Cily & State		City & State	City & State			A 51 11 0			equired	
23		28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip	Cou	intry		This corporation has liability for				
24	25	29	30	•				No	s. 199.032,	
	9. Name and Address of Curren		.1001			10. Name and Address of New Re			***	
ROD	RIGUEZ, SUSANA			81	Name		7			
430	N.W. 197 AVE.			82	Stroot Addr	ress (P.O. Box Number is Not Acceptat	.1\			
PEM	BROKE PINES FL 33029			02	Street Addi	ress (F.O. Box Number is Not Acceptat	леј			
				83						
				84	City			T227 5:	<u> </u>	
				64	City		FL	<b>85</b> Zip	Code	
11. Pursuant I	to the provisions of Sections 607,050	2 and 607.1508 Florida Statu	tes, the at	pove	named corp	poration submits this statement for the p	UITOOPO O	f changing i	its registered	
agent La	egistered agent, or both, in the State in familiar with, and accept the obliga	of Honda, Such change was ations of, Section 607 0505, F	authorizei Iorida Stat	d by lutes	the corporat	tion's board of directors. I hereby acce	ot the app	ointment as	s registered	
SIGNATURE										
	Sie Mais Aymer's probations and is interestable			d Age	nt signature requir	red when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	r		
111.E	RODRIGUEZ, ARMANDO R	TT DEFETE	1 1 10					∐ Change	Addition	
NAME	430 N.W. 197TH AVE.		1.2 NA							
STREET ACORESS	PEMBROKE PINES FL				address					
CITY-SI-7/P TITLE	VPT	DELETE	140		T - ZIP			1 1 01	4.186	
NAME	RODRIGUEZ, SUSANA M	L. DULLIE	2 1 TH					Change	Addition	
STREET ADDRESS	430 N.W. 197TH AVE.		22 N/		ADDRESS					
CHTY - ST - ZiP	PEMBROKE PINES FL		2.3 ST							
TITLE		DELETE	3.1 71		1 - E(L		······	Change	Loilibby	
NAME			3.2 NA					- Change		
STREET ADDRESS					ADDRESS					
CHTY+ ST+ ZIP			3.4. CI							
T TLF		DELETE	4.1 111					Change	Addition	
NAME			4 2 N	AME				-		
STREET ADDRESS		•	4.3 ST	REET	ADDRESS					
CITY - ST - ZIF			4.4 CF	TY - ST	r-ZIP					
TITLE		DELETE	5 1 [1]					Change	Addition	
MAME			5 2 NA	ME						
STREET ADDRESS			5.3 \$1	REEL A	ADDRESS					
CITY-S1-ZIF			5.4 CI	IY-SI	1-719					
TITLE		DELETE	6 1 1 1					Change	Addition	
NAM:			6.2 NA	ME						
STREET ADDRESS			6.3 ST	HEET A	ADDRESS					
CITY-ST-ZIF			6.4 CI	1 <b>Y</b> -SI	- 7iP			_		
14 Lefe borob	and the state of t	and the second second				LIVE DESCRIPTION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND				

I do 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 exploir report or supplemental armual 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 this corporation or the receiver or fusice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attach high with an address.

SIGNATURE: Susava Jo. Foldigna Susava M. Rodriguez 1/7/97 305-557-1688