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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M26887

1. Corporation Name

A & S SUPPLIERS, INC.

Principal Place	of Business	Mai	iling Address					.,	
1970 W. 84TH ST.			1970 W. 84TH ST.						
			EAH FL 33014	FL 33014			DO NOT WRITE IN THIS SPACE	`E	
US US							3. Date Incorporated or Qualifed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
							02/04/1986		
2. Principal Pi	ace of Business	2a.	Mailing Address				4. FEI Number		lied For
21		26			_		59-263 1507		Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				I E Cortifocto of Statue Decired I I '	8. 75 Ad Fee Req	
City & State			City & State				6. Election Campaign Financing 5	5.00 N	May Be
23		28						Added to	Fees
Zip	Country		Zip	Country	,		8. This corporation owes the current year Intangible	e	
24	25	29	3	30			Personal Property Tax.	es[□No
	9. Name and Address of Curren				_		10. Name and Address of New Registered Agen	<u>t</u>	
				81	Γ	Name			ļ
RODRIGUEZ, SUSANA 430 N.W. 197 AVE.			82	+	Street Add	dress (P.O. Box Number is Not Acceptable)			
,	n.w. 197 ave. Broke Pines FL 33029								
				83	L		1	T = -	
				84		City	FL ⁸⁵		i
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida itions of, S	a. Such change was auti Section 607.0505, Florid	thorized by da Statutes	, tn 8.	ne corporat	rporation submits this statement for the purpose of changation's board of directors. I hereby accept the appointment when reinstation).	ing its r	egistered istered
	Signature, typed or printed name of registered ager		·· · · · · · · · · · · · · · · · · · ·		nt s	signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIF	2ECTOR	2C IN 12
12.	P OFFICERS AN	ID DIREC	DELETE	13.		1.4	SECRETARY M	hange	Addition
TITLE			DECETE	1.1 TITLE		Z	PARICUEZ ARMANDO RI, JR	, inchigo	<u>p-</u> 7 location
NAME	RODRIGUEZ, ARMANDO R			1.2 NAME			RODRIGUEZ, ARMANDOR, JR 430 N.W. 197 AVE.	•	
STREET ADDRESS	430 N.W. 197TH AVE.			1.3 STREET		ODRESS 7	D- 22 - D E		
CITY-ST-ZIP	PEMBROKE PINES FL			1.4 CITY-S	šT-7	ŽIP T	PEMBROKE Pines, Fl.	·	Addition
TITLE	VPT		☐ DELETE	2.1 TITLE			П	hange	Audilion
NAME	RODRIGUEZ, SUSANA M			2.2 NAME					
STREET ADDRESS	430 N.W. 197TH AVE.			2.3 STREET	TA	ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES FL			2. 4 CITY- S	ST-	- ZIP			FT Addition
TITLE	į		☐ DELETE	3.1 TITLE				hange	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ΤA	ADDRESS			
CITY-ST-ZIP				3.4. CITY-S	ST-	- ZIP			
TITLE			☐ DELETE	4.1 TITLE			П	Change	☐ Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREE	£Α	ADDRESS			
CITY-ST-ZIP			100	4.4 CITY-S	3T-7	ZIP			☐ A 44's:
TITLE			☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME				5.2 NAME			,		
STREET ADDRESS	i			53 STREET		ì			
CITY-ST-ZIP				5.4 CITY-S		·ZIP			
TITLE			☐ DELETE	6.1 TITLE			П	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	:TA	ADDRESS			
CITY-ST-7IP				6.4 CITY-S	šŤ-J	ZIP			

14. I 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 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 sorporation 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

305-557-1688