

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 # **P94000067514 (7)**

1. Corporation Name
SUPRA PROPERTIES, INC.



Principal Place of Business: **601-621 S ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166**
Mailing Address: **1531 SARAGOSSA CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **09/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0529058**
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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent
**MCDONALD, JOHN K
370 MINORCA AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **FABIAN MONTALVO**
82 Street Address (P.O. Box Number is Not Acceptable): **1531 SARAGOSSA**
83
84 City: **CORAL GABLES** FL 85 Zip Code: **33134**

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, 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: *Fabian Montalvo* **FABIAN MONTALVO** DATE: **5-5-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTALVO, SUZETTE P	
STREET ADDRESS	601-621 S ROYAL POINCIANA BLVD	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1531 SARAGOSSA
1.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S
2.3 STREET ADDRESS	FABIAN MONTALVO
2.4 CITY-ST-ZIP	1531 SARAGOSSA CORAL GABLES, FLORIDA 33134
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	400001833914
6.3 STREET ADDRESS	-05/22/96--01019--091
6.4 CITY-ST-ZIP	***200.00

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: *Fabian Montalvo* **FABIAN MONTALVO** DATE: **4-18-96** DAYTIME PHONE #: **305-6669733**

CR2E034 (12/95)