

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 185400

Entity Name: GENERAL HOTEL & RESTAURANT SUPPLY CORP.**Current Principal Place of Business:**13900 NW 82ND AVENUE
MIAMI, FL 33016**Current Mailing Address:**13900 NW 82ND AVENUE
MIAMI, FL 33016 US**FEI Number: 59-0746569****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIMON, WALTER
13900 NW 82ND AVE
HIALEAH, FL 33016 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	SIMON, WALTER
Address	13900 NW 82ND AVE
City-State-Zip:	MIAMI FL 33016

Title	DIRECTOR, VP, SECRETARY
Name	SIMON, JEFFREY S
Address	13900 NW 82ND AVENUE
City-State-Zip:	MIAMI FL 33016

Title	V
Name	CHAPLES, WILLIAM
Address	13900 NW 82ND AVE
City-State-Zip:	MIAMI FL 33016

Title	V
Name	STONE, RICHARD
Address	13900 NW 82ND AVE
City-State-Zip:	MIAMI FL 33016

Title	VP, TREASURER
Name	SIMON, GLENDA M
Address	13900 NW 82ND AVENUE
City-State-Zip:	MIAMI FL 33016

Title	CFO, ASST. SECRETARY
Name	ORTS, JOHN
Address	13900 NW 82ND AVENUE
City-State-Zip:	MIAMI FL 33016

Title	VP
Name	ALLOIAN, DON
Address	13900 NW 82ND AVENUE
City-State-Zip:	MIAMI FL 33016

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN ORTS**CFO,ASSISTANT
SECRETARY****01/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date