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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 346457

(5)

1. Corporation Name  
TEXAS SUPPLY, INC.



Principal Place of Business

152 N E 11TH ST  
MIAMI FL 33132

Mailing Address

152 N E 11TH ST  
MIAMI FL 33132

3. Date Incorporated or Qualified  
05/20/1969

3a. Date of Last Report  
02/06/1996

2. Principal Place of Business

21 950 NE 2nd AVE

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33132

Country

25 USA

2a. Mailing Address

26 950 NE 2nd AVE

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33132

Country

30 USA

4. FEI Number

59-1267513

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

ZISQUIT, FRED  
152 NE 11TH ST  
MIAMI FL 33132

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

950 NE 2nd AVE

83

84 City

miami

FL

85 Zip Code

33132

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

Signature of Registered Agent and Not Applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE  
NAME WEISS, IRWIN  
STREET ADDRESS 950 N.E. 2ND AVE.  
CITY - ST - ZIP MIAMI, FL 00000 33132

TITLE SD ☐ DELETE  
NAME ZISQUIT, DEBRA  
STREET ADDRESS 950 N.E. 2ND AVE.  
CITY - ST - ZIP MIAMI, FL 00000 33132

TITLE TD ☐ DELETE  
NAME WEISS, ELLEN  
STREET ADDRESS 950 N.E. 2ND AVE.  
CITY - ST - ZIP MIAMI, FL 00000 33132

TITLE PD ☐ DELETE  
NAME ZISQUIT, JUDO  
STREET ADDRESS 950 N.E. 2ND AVE.  
CITY - ST - ZIP MIAMI FL 33132

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

305 371-6723

Daytime Phone

CR2E034 (9/96)