Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

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

PROFIT -CORPORATION ANNUAL REPORT

1999

City & State

SIGNATURE:

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Corporation Name	41012	24	
CHAMPION BUILDER	I'S SUPPLY	COMPANY,	INC.

Principal Place of Business	Mailing Address		
1110 BRICKELL AVE. SUITE 810 MIAMI FL 33131	1110 BRICKELL AVE. Suite 810 Miami Fl 33131		
C. Chinainal Class of Purioses	Do Mailing Address		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

28

29

Zip

City & State

9. Name and Address of Current Registered Agent

LABRADA, JEAN 1110 BRICKELL AVE. SUITE #810 MIAMI EL 22121

25

Country

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90248 046 ***150.00

|--|

DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax

10/04/1972

4. FEI Number

Mary I.	WI I E 00101	05		_				
		84	City	Miami,	FL	85 210 3	173/	
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 for 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 fair this fair of accept the optigations of, Section 907.0505, Florida Statutes.								
signature by the direction of the philipations of, Seption 207-0305, Florida Statisties. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	P DELETE	1.1 TITLE				Change	☐ Addition	
NAME	LABRADA, FERNANDO	1.2 NAME						
STREET ADDRESS	1110 BRICKELL AVE. #810	13 STREET	ADDRE	ss				
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST	Γ-ZIP					
TITLE	DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	LABRADA, JEAN	2.2 NAME					- 1	
STREET ADDRESS	1110 BRICKELL AVE. #810	2.3 STREET	ADDRE	:SS -		-	<u>}</u>	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-S	T-ZIP					
TITLE	☐ DELETE	3.1 TITLE		T		Change	☐ Addition	
NAME		3.2 NAME]	
STREET ADDRESS	!	3.3 STREET	ADDRE	ss			1	
GITY-ST-ZIP		3.4. CITY-S	T- ZIP					
TITLE	□ DELETÉ	41 TITLE				Change	☐ Addition)	
NAME	•	4.2 NAME		\	i			
STREET ADDRESS		4.3 STREET	ADDRE	:SS	. /			
CITY-ST-ZIP		4.4 CITY-S1	Y- ZIP					
TITLE	☐ DELETE	5.1 TITLE				Change	☐ Addition (
NAME		5.2 NAME		ĺ				
STREET ADDRESS		5.3 STREET	ADDRE	ss				
CITY-ST-ZIP		5.4 CITY-ST	r-ZIP					
TITLE	☐ DELETE	61 TITLE				Change	☐ Addition	
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET	ADDRE	:ss		•	(
CITY-ST-ZIP		6.4 CITY-ST						
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 corporation of the register or trustee entropy are trusteed entropy and that my name appears in Block 12 or Block 13 if changes for part and address, with all other like empowered.								

PRESIDENT

Country

82

30