Feb 27, 1999 8:00 am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 418064

1. Corporation Name

MISHAEL	_ IMPORT & SUPPLY INC.						
Principal Place	e of Business	Mailing Address			I STORIL ELEME LIDER LIDER OPTIO BRILL BRILL	idi Bibit arası afatı arası a	inti ainii inki
4000 NW 25TH ST. P. O. BOX 650946 P. O. BOX 650946 MIAMI FL 33142-6724 MIAMI FL 33142-6724					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/02/1973		
2. Principal Place of Business 1 4000 NW. 254h St. 26 Same					4. FEI Number 59-1467498	X No	olied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		نىدى جىرى <u>د</u>	_5. Certificate of Status Desired[38.75 A	quired
City & State City & State 23 Miami, FLA 28						□ \$5.00 • Added to	
Zip Country Zip 24 33141 25 Dade 29 30				1 Orocital 1 (1-porty 1-1)		⊠No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agent	
MISHAEL, ISAAC 13357 SW 64TH LN			81	Name	ID O. Davikly school in Not Accombable		
			82	Street Addr	ess (P.O. Box Number is Not Acceptable	······································	
MIAR	VII FL 33183		83				
		Λ	84	City		FL 85 Zip C	1
			, the above norized by a Statutes	e-named corp the corporation.	oration submits this statement for the purion's board of directors. I hereby accept the	pose of changing its ne appointment as required $1-\lambda 7-9$	registered gistered
SIGNATURE	Signature, typed or printed fame of registered agent	t and this if against (NOTE: Br	anistared Anar	nt signature require	d when reinstating)	DATE	
12.	OFFICERS ANI	D DIRECTORS	13.	n organization of the quant	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PVTR	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	MISHAEL, ISAAC						
'STREET ADDRESS	13357 S.W. 64 LANE		1.3 STREET	TADDRESS			
CITY-ST-ZIP	**************************************		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			2.1 TITLE 2.2 NAME -				
NAME STREET ADDRESS	-			TADDRESS		s	
CITY-ST-ZIP			2.4 CITY-S		·	•	
TITLE		☐ DELETE	3.1 TITLE	,,	-	Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY- 9	ST-ZIP			
TITLE	_		4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DETE 15	5.1 TITLE 5.2 NAME			□ Grange	
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-S				j

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 reports 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 of an an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition