

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **529427** (7)

1. Corporation Name

MIAMI INDUSTRIAL SUPPLY, INC.



Principal Place of Business

Mailing Address

**8232 N.W. 14 STREET
MIAMI FL 33126**

**8232 N.W. 14 STREET
MIAMI FL 33126**

3. Date Incorporated or Qualified

04/04/1977

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 7223 N. W. 54 St.
Suite, Apt. #, etc.

26 7223 N. W. 54 St.
Suite, Apt. #, etc.

4. FEI Number

59-1737246

Applied For

Not Applicable

22

City & State

27

City & State

23 Miami, Fl. 33166

28 Miami, Fl. 33166

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

25

Zip

Country

33166

USA

29

Zip

33166

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAVELEK, MICHAEL
8232 N.W. 14 STREET
MIAMI FL 33126**

81 Name

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

7223 N. W. 54 St.

83

84 City

Miami

FL

85 Zip Code

33166

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

M. E. Gavelek Pres. M. E. Gavelek

6/11/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **GAVELEK, MICHAEL E.**
CITY - ST - ZIP **7985 NW 33 ST.
MIAMI FL**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **GAVELEK, OMAIDA**
CITY - ST - ZIP **7985 NW 33 ST.
MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition
**7223 N. W. 54 St.,
Miami, Fl. 33166**

☒ Change ☐ Addition
**7223 N. W. 54 ST.
Miami, Fl. 33166**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. E. Gavelek M. E. Gavelek

6/11/96

DATE

305-887-7821

DAYTIME PHONE #

CR2E034 (3/96)