CORP ANNUA	NOW: FILING FEE POFIT PORATION AL REPORT 996	FLORIDA DEPARTM Sandra B. M Secretary DIVISION OF CO	MENT OF STATE Mortham of State		/-2 FILED ARY OF STATE F CORPORATIONS -6 PM 3: 12
DOCUM 1. Corporation N	MENT # 832273	3 (7)		JO 1181 -	0 FN 3-12
REXEL, I				4 14 10 10 10 10 10 10 10 10 10 10 10 10 10	and many mades mades mades made made made service
Principal Place o	of Business	Mailing Address			
150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE SUITE 900 SUITE 900					
		CORAL GABLES FL 33134 US		3. Date Incorporated or Qualified 04/30/1974	3a. Date of Last Report 05/01/1995
		2a. Mailing Address		4. FEI Number	Applied For
<u></u>		26 Cuits Ast # oto		13-1474527	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
3 Zip	Country	28 Zip	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
4	25 9. Name and Address of Currer		o <u> </u>	Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Confer	negistered regent	81 Name		
			82 Street Addi	ess (P.O. Box Number is Not Acceptab	le)
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			83		
PLANIAII	IUN FL 33324		84 City		FL 85 Zip Code
or registere familiar with	id agent, or both, in the State of Flon n, and accept the obligations of, Sect Signature, typed or primed name of registered agen	da. Such change was authorized ion 607,0505, Florida Statutes.	the above named corpo by the corporation's boa Rogistates April signature raquite 13.	ration submits this statement for the pur rd of directors. I hereby accept the appoint ad when rehating! ADDITIONS/CHANGES TO OFF	omment as registered agent. I am
TITLE	PD	DELETE	1 1 TITLE		Change
NAME	VIRY, ALAIN C 150 ALHAMBRA CIRCLE, SUITE 900		12 NAME		
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	5,000,01,81,35,65	
TITLE	VS	☐ DELETE	2. 1 TIILE	~U5/U6/ ****2(796010646-039ddion 5
NAME STREET ADDRESS	FULLERTON, JON O 150 ALHAMBRA CIRCLE, SU	ITF 900	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.4 CiTY-ST-ZiP		
TITLE	V COMODOLEVY ALLAM M	[]] DEFELE	3 1 HILE 32 NAME		Change Addition
NAME STREET ADDRESS	GONOPOLSKY, ALLAN M. 150 ALHAMBRA CIRCLE, SU	ITE 900	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY - \$1 - ZIF	AL 1-1- VIII-	☐ Change ☐ Addition
TITLE NAME	v Merson, robert M.	☐ DELETE	4. 1 TIFLE 4.2 NAME		Change Addition
STREET ADDRESS	150 ALHAMBRA CIRCLE, SU	ITE 900	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	ΓΊ DELETE	4 4 C·TY - ST - Z:P		Change Addition
TITLE NAME	V HITT, STEVEN M	L'1 nere re	5 1 TIFLE 52 NAME		_ Shorigo riodition
STREET ADDRESS	150 ALHAMBRA CIRCLE, SL	ITE 900	5 3 STREET ADDRESS		
CHTY-ST-Z-P	CORAL GABLES FL	☐ DELETE	5 4 CITY - ST - ZIF		Change Addition
TITLE NAME	CD LOMAS, ERIC J	F") vereie	6.2 NAME		
STREET ADDRESS	150 ALHAMBRA CIRCLE, SL	HTE 900	63 STREET ADDRESS	01.	100
CITY-S1-ZIP	CORAL GABLES FL	with this filing is wal-intarily furniel	6400Y-SI-ZiP	for the exemption stated in Section 119	0.07(3)(k), Florida Statutes. I further
certify that	atan a makamuna kana makan banda ata ata ata ata ata ata ata ata ata a	iua' report or supplemental annua oration or the receiver or trusted (treport is true and accur enipowered to execute the s.	rate and that my signature shall have the his report as required by Chapter 607, F	Same lega effect as it made under lorida Statutes; and that my name
SIGNAT	URE: SIGNATURE AND TYPES	JUMPHO REPRINTED NAME OF SIGNING OFFICER		TOMASSO ASST. SEC.	03/27/96 (305)4468000

STATEMENT ATTACHED TO FLORIDA PROFIT CORPORATION ANNUAL REPORT 1996

Rexel, Inc. Document No. 832273 (7)

Additional Officer:

Assistant Secretary
John Tomasso
Suite 900
150 Alhambra Circle
Coral Gables, FL 33134