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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90243 026 ***150.00

DOCUMENT # F33909

1. Corporation Name

RIVER INDUSTRIAL SUPPLIES, INC.

Principal Place of Business	Mailing Address
1325 NW 93RD CT #B107 MIAMI FL 33172 US	1325 NW 93RD CT #B107 MIAMI FL 33172 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21]	**2a.** Mailing Address [26]	**3.** Date Incorporated or Qualifed **05/07/1981**
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	**4.** FEI Number **59-2098410** — Applied For / Not Applicable
City & State [23]	City & State [28]	**5.** Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
Zip [24] / Country [25]	Zip [29] / Country [30]	**6.** Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
ALVAREZ, GASTON R 9745 SW 124TH TERR MIAMI FL FL 33176	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City — FL [85] Zip Code

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, 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 AND DIRECTORS IN 12	
TITLE **P** ☐ DELETE NAME **RIVERA, JOSE** STREET ADDRESS **4950 N.W. 102 AVE. #101** CITY-ST-ZIP **MIAMI FL 33178**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **ST** ☐ DELETE NAME **RIVERA, IRIS** STREET ADDRESS **4950 N .W. 102ND AVE. #101** CITY-ST-ZIP **MIAMI FL 33178**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE: _____ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/99 Date   305-599-2322 Daytime Phone #

CR2E034 (11/98)