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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F49825

(5)

INDUMAR SUPPLIES, INC.

Principal Place of Business

Mailing Address

FILED
May 08 1997 8:00am
Secretary of State



13290 AW LEJEUNE RD. Miami Fl 33054			MI	13290 NW LEJEUNE RD Miami FL 33054-4542 US							
			US					3. Date Incorporated or Qualified 10/15/1981		e of Last F 8/1996	Report
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For
21				26				59-2128197			ot Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	0			City & State				6. Election Campaign Financing		\$5.00	May Be
23			28	28				Trust Fund Contribution	Added to Fees		
Zip	Country			Zip Counti				8. This corporation has liability for intangible tax under s. 199.			. 199.032,
24	24 25			30				Florida Statutes Yes No			
	9. Name	and Address of Currer	nt Regis	stered Agent	·			10. Name and Address of New Re	gistered A	gent	
PERI	ez, Jose				8	11	Name				
	O NW LEJE	LINE RD.			Ω.	2	Stroot Addro	ess (P.O. Box Number is Not Acceptab	lo)		
MIAMI FL 33054						_]	Silver Madre				
					6	3					
					8	14	City		FL	85 Zip	Code
11. Pursuant to office or reagent. I as	to the provision egistered ago m familiar wit	ons of Sections 607.050 ont, or both, in the State h, and accept the oblig	02 and 6 of Flori ations o	607,1508, Florida Statur ida. Such change was of, Section 607.0505, Fl	tes, the abo authorized l orida Statut	LL by by	named corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose of of the appo	changing i	is registered registered
SIGNATURE	Signature, typod	or printed name of regulated ag	ent and tillo	entappicable (NOI	1f : flegislered /	\ger	nt signature require	of when reinstating)	DATE		
12.		OFFICERS AN	D DIREC	CIORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	
TITLE	VSD			DETETE	1.11010	E				Change	☐ Addilion
NAME	PEREZ, A	RACELI			1.2 NAM	E					
STREET ADDRESS	13290 NV	/ Lejeune RD.			1.3 STRE	Ð.	ADDRESS				
CITY-ST-ZIP	MIAMI, FL	. 00000			1.4 CITY	- 51	1- 7IP				
TITLE	PTD			DELETE	2.1101.0	Ε				Change	Addition
NAME	PEREZ, J	OSE			2.2 NAM	lŧ					
STREET ADDRESS	13290 NV	/ LEJEUNE RD.			2.3 S1Rf	Ħ,	ADDRESS				
CITY-ST-ZIP		00000- 33054			2.4 CHY	Y-S	61 - ZIP				
TITLE				DELETE	31711(F				Change	Addition
:NAME					32 NAM	IF.					
STREET ADDRESS					3.3 \$1RE	EE1	ADDRESS				
CITY-ST-ZIP					3.4. CITY	Y-S	31-20F				
TITLE				DELETE	4.1 Title	f				Change	Addition
NAME					4. 2 NAN	ΛÉ					
STREET ADDRESS					4.3 S1RE	EET.	ADDRESS				i
CITY-ST-ZIP					4.4 C(1)	'- SI	1 - 2IP				
TITLE				☐ DELFTE	5.1 1111	ŧ				Change	Addition
NAME					5.2 NAM	(E					
STREET ADDRESS					5.3 B1R8	ε1.	ADDRESS				
CITY-ST-ZIP	<u> </u>				5.4 CITY	'-SI	7 - ZIF*				
TITLE				DELETE	6.1 717.1	Ę				Change	Addition
NAME					6.2 NAM	10					
STREET ADDRESS					6.3 STRE	EFT.	ADDRESS				
CITY-ST-ZIP					6.4 DHY	'- Sì	1 - ZIP				
1 44 1 3	A	tt - Information						1- 0- 11- 440 07/0VD Davids 01-11-	I do allow		. al

4. I do 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 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 corpolation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if diplogd, or on an attachment with an address.

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JOSE PEREZ .

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