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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # G10955

(4)

Mailing Address

GENERAL SUPPLIERS CORPORATION

FILED								
Feb 21 1997	7 8:00am							
Secretary	of State							

GRANADA PROFESSIONAL BUILDING 801 MONTERREY ST., SUITE 203 CORAL GABLES FL 33134		801 MONTERREY ST., SU	GRANADA PROFESSIONAL BUILDING 801 MONTERREY ST., SUITE 203 CORAL GABLES FL 33134-2537		3. Date Incorporated or Qualified	Se. Date of Last F	Report	
				i	11/22/1982	04/11/1996	l	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21 26					59-2235304	N	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution			
Zip	Country	Zip			8. This corporation has liability for intangible tax under s. 199.032			
24	25	29	30		Florida Statutes	Yes No		
	g. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Re	gistered Agent		
OBA	INDO, MARVIN		1	Name				
3700 DURANGO ST CORAL GABLES FL 33134			1	82 Street Address (P.O. Box Number is Not Acceptable)				
Cor	AL CADECO (C 00 104		1	33				
			1	Gity		FL 85 Zip	Code	
l office or r	edistored agent or both in the l	7.0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	authorized	by the corners	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing in the appointment as	its registered s registered	
SIGNATURE		,,,,			<u></u>			
	Signature, typed or printed name of register			Agent signature requ	ulred when reinstating)	DATE	DD 11140	
12.	PD	S AND DIRECTORS DELETE	13. 1.1 Titl	<u>- </u>	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE	OBANDO, MARVIN		1				Lad recallion	
NAME	3700 DURNAGO ST		1.2 NA					
STREET ADDRESS	CORAL GABLES, FL 0000	0		EET ADDRESS				
CITY-ST-ZIP TITLE	COINE CADECO, I'E 0000	DELETE	1.4 CH 21 TH	r-ST-ZIP		Change	Addition	
NAME		<u> </u>	22 NAI					
				EET ADDRESS				
STREET ADDRESS				Y+ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	3.1 7171	····		Change	Addition	
NAME			3.2 NA		ı			
STREET ADDRESS				EET ADDRESS				
				Y-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	4.1 TiT			Change	Addition	
NAME			4. 2 NA			. — •	_	
STREET ADDRESS				EET ADDRESS	1			
CITY+S1+ZIP				Y-ST-ZIP	:			
TITLE		☐ DELETE	5.1 TIT			☐ Change	Addition	
NAME			5.2 NA			 • •		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			10 mm 2	Y-ST-Z)P				
TITLE		DELETE	6.1 TIT	····		Change	Addition	
NAME		, 1 _{k.1}	6.2 NA	i		·		
STREET ADDRESS				EET ADDRESS				
City-SY-ZiP			1	Y-ST-ZIP				
201 21.10	i		0.7 011					

14. 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 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 orther 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 in on an attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-97 306-446-3427
Date Daytime Phone •