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

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed or on an attachment with an address

PROFIT Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G61728 (3)PREMIER SUPPLY, INC. Principal Place of Business Mailing Address C/O SHELDON N. LELCHUK. ESO C/O SHELDON N. LELCHUK. ESQ. 60 WEST STREET NEW YORK NY 10006 DO WEST STREET DO NOT WRITE IN THIS SPACE NEW YORK NY 10006 3. Date Incorporated or Qualified 09/29/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1841 1841 13-3425222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired from 600 22 Fee Regulred 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intencible Personal Property Tax due June 30. Yes Yes 24 10023 29 Personal Properly Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LELCHUK, SHELDON N. 12855 CYPRUS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI 33181 83 84 City 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, typied or printed name of registere Lagent an Little it by plicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition STANZIOLA, RAFAEL NAME 1.2 NAME **APARTADO 413** STREET ADDRESS 1.3 STREET ADDRESS DAVID, PANAMA CITY-ST-ZIP 1.4 CITY - ST - ZIP VSD DELETE TITLE 2.1 HITLE Change Addition DE STANZIOLA, SEIDA A. NAME 2.2 NAME **APARTADO 413** STREET ADDRESS 2.3 STREET ADDRESS DAVID, PANAMA CITY-ST-ZIP 2 4 City-ST-ZiP DELFTE TITLE 31 THEF Change Addition STANZIOLA, A. R. NAME 3 2 NAME **APARTADO 413** STREET ADDRESS 3.3 STREET ADDRESS DAVID, PANAMA CITY ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition MORRELL, MURRAY NAME 4. 2 NAME 45 W 60 STREET STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5 1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.4 TITLE Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

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

2/25/98

FILED