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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H03951

(1)

FILED Feb 18 1997 8:00am Secretary of State

	TO SUPPLY, INC.	Mailing Address			
Principal Place 6505 S.W. 8TH MIAMI FL 33144	STREET	Mailing Address 6505 S.W. 8TH STREET MIAMI FL 33144-4815			
				3. Date incorporated or Qualified 05/17/1984	3a. Date of Last Report 02/20/1996
2. Principal Pl	ace of Business 7 A/W 545t.	26. Mailing Address 26. 720 7 NW	15454	4. FEI Number 59-2412669	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	AMI. H	27 City & State 14M (.	d	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3 1 (29 3316L 30	Country	8. This corporation has liability for i	
	5	Registered Agent	Od None	10. Name and Address of New Re	Sistered Agent
	ER, ANGEL		81 Name		
6505 S.W. 8TH STREET MIAMI FL 33144			82 Street Addr	ess (P.O. Box Nymber is Not Acceptab	le) /
			83		
			B4 City M	AMI	FL 85 39762
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508, Florida Statutes			
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 amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	W	Average II contracts (SVATE, I	Rogistered Agent signature requir	and whom relactables	2//4/7/
12.	Signature: typed or printed name of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THILE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME .	SOLER, ANGEL L.		1.2 NAME	•	
STREET ADDRESS	13421 SW 51 STREET MIAMI FL		1.3 STREET ADDRESS	•	
CITY+S1-7IP TITLE	SD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	COBELO, ARMANDO		2.2 NAME		
STREET ADDRESS	1400 SW 84TH COURT		2 3 STREET ADDRESS		
CITY-SI-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
THLE	TD IOOUNA	☐ DELETE	3.1 TITLE		Change Addition
NAME	SOLER, ISOLINA 1300 SW 122ND AVE., #307		3.2 NAME		
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
D:TY+ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME		- -	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY - ST - ZIP			6.4 CITY-ST-ZIP		

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 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.

SIGNATURE:

Daytime Phone # 0200454