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FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L20352

(5)

1. Corporation Name

S & SKY SUPPLY, CORPORATION

Principal Place of Business

5166 N.W. 105 COURT  
MIAMI FL 33178  
US

Mailing Address

5166 N.W. 105 COURT  
MIAMI FL 33178-3215  
US

3. Date Incorporated or Qualified  
10/04/1989

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business

21 3901 N.W. 79 Ave Suite 114

22 Suite, Apt. #, etc.

23 # 114

City & State

24 Miami

Zip

25 FL

Country

26 33166

2a. Mailing Address

27 3901 N.W. 79 Ave

28 Suite, Apt. #, etc.

29 # 114

City & State

30 Miami

Zip

31 33166

Country

32 Dade

4. FEI Number

65-0168763

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SALAZAR, MARIO  
5166 NW 105 COURT  
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5165 N.W. 105 Court

84 City

Miami

FL

85 Zip Code

33178

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

1-30-97

Signature of board or principal officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD SALAZAR, MARIO J.  
5166 N.W. 105TH COURT  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STD SALAZAR, MARIO  
5166 N.W. 105TH COURT  
MIAMI FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V GAMBOA, ALVARO  
5166 N.W. 105 COURT  
MIAMI FL 33178

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 of the report, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-97

(305) 592-7728

Date

Daytime Phone #

CR2E034 (9/96)