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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L50123** **(3)**

1. Corporation Name

FLEA MARKET SUPPLIER, INC.

Principal Place of Business	Mailing Address
8390 NW 58TH STREET MIAMI FL 33166 US	~~8390 NW 58TH STREET~~ 420 LINCOLN RD. SUITE 327 ~~MIAMI FL 33166~~ ~~US~~

2. Principal Place of Business 21	2a. Mailing Address 26 8390 NW 58 Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 MIAMI, FLORIDA
Zip / County 24 / 25	Zip / County 29 33166 / 30 U.S.A

3. Date Incorporated or Qualified 02/15/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2993673	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

JAY, SCOTT R.
420 LINCOLN RD
SUITE 327
MIAMI BEACH FL

10. Name and Address of New Registered Agent

81 Name: TOM VO
82 Street Address (P.O. Box Number is Not Acceptable): 8390 NW 58 Street
83
84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: TOM VO, VD DATE: MARCH, 29 - 96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	HUYNH, HA TUYET		2 NAME	
STREET ADDRESS	8390 NW 58TH ST		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	VO, TOM		2 NAME	
STREET ADDRESS	8390 NW 58TH ST		3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and in compliance with 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 added on an attachment with an address.

SIGNATURE: TOM VO, VD — MARCH, 29, 96 (305)471 0603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #