

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY 10 PM 6:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11826 (8)

1. Corporation Name

ROGER'S OFFICE SUPPLIES INC.

Principal Place of Business

1705 W 39 PLACE
HIALEAH FL 33012

Mailing Address

1705 W 39 PLACE
HIALEAH FL 33012

3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
06/07/1995

4. FEI Number
59-2500582

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 tangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, PEDRO
309 N.E. 9TH AVE.
HIALEAH FL 33010

81 Name

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

83

84 City

FL

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

Signature typed or printed name of registered agent and that applicant

(NOTL Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ORESTES, VIDAN
STREET ADDRESS 8350 S.W. 82ND RD.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME RODRIGUEZ, PEDRO
STREET ADDRESS 309 N.E. 9TH AVE.
CITY-ST-ZIP HIALEAH FL ☐ DELETE

TITLE D
NAME GARCIA, RAUL
STREET ADDRESS 10141 NW 29TH AVE.
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ~~D~~
NAME ~~VIDAN, ORESTES~~
STREET ADDRESS ~~8350 SW 82 RD~~
CITY-ST-ZIP ~~MIAMI FL~~ ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Orestes Vidan
1.3 STREET ADDRESS 8350 NW 93rd St
1.4 CITY-ST-ZIP Medley FL 33166 ☒ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Orestes Vidan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/96

(007) 557-2290

CR2E034 (12/95)