## 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 # M32223

(3)

SUPPLIES UNLIMITED OFFICE PRODUCTS INC.

SOLITIES SILENTIES STITUS THOUSEN								
Francipal Place of Business Mailing Address							YA BIDSI OMBIL ALDIY BIRKI BIDII	81811 \$681
5392 NW 72 AVE 5392 NW 72 AVE MIAMI FL 33166 MIAMI FL 33168-4823								
						3. Date Incorporated or Qualified 05/16/1986	3a. Date of Last F 07/12/1996	leport
2. Principal Prace of Business 21			2a. Mailing Address 26			4. FEI Number 59-2696339	<u> </u>	pplied For ot Applicable
Suite, Apt #, etc.			Suito, Apt. #, etc.			5. Certificate of Status Desired		
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Z·ρ	Countr		Zip	Countr	у	8. This corporation has liability fo		
24	25	29		30			Yes No	
	9. Name and Addre	ss of Current Regis	stered Agent	81	Name	10. Name and Address of New F	egistered Agent	
	IOS, GABRIEL			• 1	Ivanie			
1 <del>026 EAST 4TH AVE.</del> HIALEAH FL 33010.			82	<u></u>	ress (P.O. Box Number is Not Accepta	able)		
5392 NW 72 Ave.				83				
Hiami Fl. 33166-4823				84	City		FL 85 Zip	Code
office or r	egistered agent, or both	<ol> <li>in the State of Flori</li> </ol>		uthorized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby acc		
	Sorpation: Typed or printed har				jent signature requ	ired when reinslating)	DATE	
12.		FFICERS AND DIRE		13.		ADDITIONS/CHANGES TO OFF		
TITLE	DPS		DELETE	1.1 TATLE			L] Change	☐ Addition
PAW.	RAMOS, GABRIEL	osau e	W 179 TERA	1.2 NAME				
STREET ADDRESS		157	od i i j jeich		T ADDRESS			
CHY-ST-ZIP TIRE		213_/	DELETE	2.1 TITLE	SI-ZIY		Change	Addition
NAME	RAMOS, GABRIEL			2011111				
STREET ADORESS	4532 S.W. 149 GT	8204 SI	u 179. Teri u	2.3 STREE	T ADDRESS	70 7 0		
011Y+51+7/P	MIAMIFL 33	157		2. 4 CiTY	SY-ZIP			
TiTLE			DELETE	31 TITLE			Change	☐ Addition
NAME	10.000.000.000	<b>)</b>		3.2 NAME				
STREET ADDRESS	TO THE STATE OF TH	<del>y</del>		3.3 STREE	T ADDRESS			
CITY - \$1 - 74P	-mem-E		DELETE	3.4. CITY	-ST - ZIP		Lichana	Liddition
int.			remi peccie	4.1 TITLE			☐ Change	L. Addition
NAME STREET ADDRESS				4.2 NAMI	T ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY ST ZIP				4.4 CITY -				
THE			DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				5.2 NAME			•	
STREET ADDRESS				5.3 STREE	T ADDRESS			
O1Y-51-78				5 4 CiTY-	ST-ZIP			
MU			DELETE	6.1 TITLE		1	☐ Change	Addition
NAME {				6.2 NAME				ſ
STREET ADDRESS					T ADDRESS			
COY-SI-7⊮	ou cortify that the inferen	at an elimplicat with #	nie filina daes not avelië	6.4 CITY-		d in Section 119.07(3)(i), Florida Statu	toe I further codify that	t the
informatio Lam an of appears i	or indicated on this anni fficer or director of the c n Block 12 or Block 13	ual report or supplem corporation or the re- it changed or on an	nental annual report is treeiver or trustee empow attachment with emade	ue and acc ared to exe less.	curate and that cute this repo	of it section 19.07(3), Florida Statu it my signature shall have the same leg irt as required by Chapter 607, Florida	jal effect as if made un Statutes; and that my	nder oath; that name

**SIGNATURE:** 

4-28-97 Bate 305-885-7311

**FILED** 

May 06 1997 8:00am

Secretary of State