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

CITY-ST-ZIP

FILED Apr 10 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)C C F SUPPLIES CORP. Principal Place of Business Mailing Address 93 S.E. 2ND STREET 93 S.E. 2ND STREET MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/18/1986 2. Principal Place of Business 2a. Mailing Address Applied For 89 5.5. 2ncl 895E and 57 59-2692519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VILLAVERDE, JOSE L. 4VBRDE 93 S.E. 2ND STREET 82 **MIAMI FL 33131** 83 Miami 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 amfamiliar with, applicable the obligations of, Section 607.0505, Florida Statutes. SIGNATURE no of registered agent and title if applicable OFFICERS AND DIRECTORS 12, 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TOTLE DELETE 11 TITLE Change NAME VILLAVERDE, JOSE L. 1.2 NAME STREET ADDRESS 15633 S.W. 50TH TERR. 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREE1 ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 61 THUE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 doport 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 of useless 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. 2) on an attachyront with an address. SIGNATURE:

6.4 CITY-ST-ZIP