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 # M41734

(8)

AMERICAN WAREHOUSE SUPPLY, INC.

FILED Feb 25 1997 8:00am Secretary of State

|--|--|

Principal Place of Business 6508 NW 82 AVENUE MIAMI FL 33168 US 2. Principal Place of Business 21 Suite. Apt. # etc. 22 City & State			C/O MARCIA B. CABALLERO 2450 S.W. 137 AVE		 Date Incorporated or Qualified 11/17/1986 FEI Number 59-2737421 Certificate of Status Desired Election Campaign Financing 	3a. Date of L: 03/29/19	of Last Report	
23 Ζφ	Country Zip Cou		Country	y	Trust Fund Contribution Added to F 8. This corporation has liability for intangible tax under s. 19		ded to Fees fer s. 199.032,	
24	25	29	30			Yes No	4444	
	9. Name and Address of Curi	ent Registered Agent	B1	Name	10. Name and Address of New Re	gistered Agent	***************************************	
	RTINEZ, ANTONIO							
9250 S.W. 15TH STREET MIAMI FL 33174			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
14107	uni i E 00114		83			~ ~		
			84	City		TerT	Zip Code	
			04	City		FL 85	Zip Code	
agent La SIGNATURE	arn familiar with, and accoul the ob-	ligations of Section 607.0505.	Florida Statute	S.	ation's board of directors. I hereby acceptured when reinstating)	DATE	······································	
12.	OFFICERS A	AND DIRECTORS DELETE	13.	 -	ADDITIONS/CHANGES TO OFFIC			
TIFE	MARTINEZ, ANTONIO	L'1 DECETE	1) TITLE			Cha	nge 🔲 Addition	
NAME STREET ADDRESS	9250 S.W. 15TH ST.		12 NAME	* ADDOCÉS				
CITY-ST Z-P	MIAMI FL		1 4 CITY-	F ADDRESS				
Litte St. 70	D	DELETE	21 TITLE	51 - ZIF		☐ Cha	nge Addition	
NAME	MARTINEZ, ANTONIO		22 NAME					
STREET ADDRESS	9250 S.W. 15TH ST.		23 STREE	T ADDRESS				
City-St 200	MIAMI FL		2 4 CITY-	ST-ZIP				
1 11.1		☐ DELETE	31 TITLE			Cna	nge Addition	
NAMÍ			3 2 NAME					
STREET ADDRESS			•	T ADDRESS				
Dity-St-7P Tille		DELETE	3.4. CITY -	ST-ZIP		Cha	nge Addition	
MAME		וון טבנבוב	4.1 IIILE 4.2 NAME			L. Utta	ingo TT Manidadi	
STREET ADORESS				T ADDRESS			1	
CITY-ST-20°			4.4 City-				ļ	
7 ILE		DELETE	5.1 TITLE	P - B-11		☐ Cha	nge Addition	
MAME			5 2 NAMÉ			***		
STREET ADDRESS				T ADDRESS				
CITY-ST ZIF			5 4 CHTY -	ST-ZIP				
Talle		DELETE	61 TITLE			☐ Cha	nge Addition	
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREE	I ADDRESS			i	
CDY-S1-ZiF			6.4 CITY -					
14. I do hore	by certily that the information supp	liget with this filing does not qu	ality for the exi	emption state	ed in Section 119.07(3)(i), Florida Statutes	I further certify	that the	

ontal annual report is true and accurate and that my signature shall have the same legal effect as if made under o liver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: