

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

COMM - 1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M58572 (2)

1. Corporation Name:

MIDWEST SUPPLIERS, INC.

Principal Place of Business:

**1500 SAN REMO AVE
STE 247A
CORAL GABLES FL 33146
US**

Mailing Address:

**1500 SAN REMO AVE
STE 247A
CORAL GABLES FL 33146
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified:

09/03/1987

3a. Date of Last Report:

03/21/1994

4. FEI Number:

65-0021412

Applied For:

☐ Not Applicable

5. Certificate of Status Dearest:

☐

**\$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. 199.03?

Florida Statutes:

☒ Yes

☐ No

2. Principal Place of Business:

21

2a. Mailing Address:

26

State: App # etc:

22

State: App # etc:

27

City & State:

23

City & State:

28

24

25

29

30

9. Name and Address of Current Registered Agent:

**RIUS, EDUARDO
1500 SAN REMO AVE
STE 247A
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent:

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 199.03 and 199.04, 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 the registered agent for said State, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

NAME:

STATE: App # etc:

CITY:

14. I, Ed. hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.03 and 199.04, Florida Statutes. I further certify that the information included 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 officers and directors of this corporation or those responsible for the corporation's compliance with this report as required by Chapter 199, Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida.

SIGNATURE:

[Signature]

EDUARDO RIUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

(305) 443-8500