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.PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # M63475

(1)

ADVANCE BUSINESS SYSTEMS & SUPPLIES, INC.								
Principal Place of Business C/O RAUL HERMIDA 5475 N.W. 72 AVE.		Mailing Address C/O RAUL HERMIDA 5475 N.W. 72 AVE.			IUUUI Milif Oluii Ui	0(1 010)) (F0)	81811 81811 1881	
MIAMI FL 331	166	MIAMI FL 33166			3. Date Incorporated or Qualifi	ied 3a. Dat	e of Last R	eport
					12/09/1987		5/01/19	95
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number		├┼	Applied For
21		26		<u>.</u>	65-0019709			Not Applicable
Suite, Apt. #	i, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, []		Additional Required
City & State		City & State			6. Election Campaign Financin			
23		28			Trust Fund Contribution	9 🔲		O May Be d to Fees
Zip	Country	Zip	Country		8. This corporation has liability	for intangible t		
24	25	29	30		_	Yes II No		,
	9. Name and Address of Cur				10. Name and Address of Ne	w Registered	Agent	
			81	Name				
HERMID	A. RAUI		82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
	W. 72 AVE.							
MIAMI F			83					
			84	City		Fi	85 Z	o Code
	10 10070	E00 C07 1E00 Flacida Ctat.	toe the shous-ra	med corpora	ation submits this statement for the	n purpose of ch	anging its r	registered office
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0 ad agent, or both, in the State of F h, and accept the obligations of, S	Boz and 607.1508, Florida Statu Florida. Such change was authori Section 607.0505, Florida Statute	ized by the corpor es.	ation's boar	d of directors. I hereby accept the	appointment a	s registered	agont, ram
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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 true 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 union attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: