

FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029217 (5)

1. Corporation Name

N.D.T. SUPPLY CORPORATION

Principal Place of Business

6290 LAKE DR #418
MIAMI FL 33166

Mailing Address

6290 LAKE DR #418
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/19/1993 3a. Date of Last Report 04/06/1994

4. FEI Number 65-0415599 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$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. 193.032, Florida Statutes ☒ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

27 City & State

28

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MEJIA, ARMANDO
6993 NW 82ND AVE #20
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name

JOSE ALARCON

82 Street Address (P.O. Box Number is Not Acceptable)

8180 N.W. 56th St.

83

Miami, Fl. 33166

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or carbon name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME RIBEIRO DE GOUVEIA, ALDEMARO
STREET ADDRESS 6993 NW 82ND AVE #20
CITY-ST-ZIP MIAMI FL 33166

TITLE VD
NAME RIBEIRO-SOUSA, ARNALDO
STREET ADDRESS 6993 NW 82ND AVE #20
CITY-ST-ZIP MIAMI FL 33166

TITLE D
NAME CAMEJO, HALLEY A
STREET ADDRESS 8290 LAKE DR #418
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as applicable, or on an attachment with an address.

SIGNATURE:

ALDEMARO RIBEIRO.

4/16/95

(305) 477 6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR