

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000057490 (3)

1. Corporate Name

MATERIALS SUPPLY COMPANY CORP.



Principal Place of Business

1768 SW 15 STREET
MIAMI FL 33145

Main Address

1768 SW 15 STREET
MIAMI FL 33145

3. Date Incorporated or Created
08/09/1993

3a. Date of Last Report
06/27/1995

4. FEI Number
65-0473535

Applied For
Not Applicable

5. Certificate of Status Cleared

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation is liable for filing the tax under s. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 9904 NW 52TR

2a. Mailing Address

26 P.O. Box 523337

State, Apt. #, etc.

State, Apt. #, etc.

22 Miami, FL

27

City & State

MIAMI, FL

23 Miami, FL

28

Zip

24 33178

Country

USA

29

33152

Country

USA

9. Name and Address of Current Registered Agent

CONSUEGRA, PERLA
1768 SW 15 ST.
MIAMI FL 33145

81 Name

PERLA CONSUEGRA

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

9904 NW 52TR

83

84 City

MIAMI

FL

85 Zip Code

33178

11. Pursuant to the provisions of Sections 607.03(2) and 607.03(3) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registering office or both in the State of Florida. Said change was authorized by the corporation's board of directors, thereby avert the appointment of a registered agent. I am familiar with and accept the obligations of Section 607.03(2), Florida Statutes.

SIGNATURE

Perla Consuegra

3/28/96

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ALEJANDRO, CONSUEGRA	
STREET ADDRESS	1768 SW 15TH ST.	
CITY, ST, ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PTD
CONSUEGRA, PERLA
9904 NW 52TR
MIAMI, FL, 33178

14. I do hereby certify that the information supplied on this form is true and correct. I understand that any false or misleading information on this form may result in the suspension of the corporation's right to do business in the State of Florida. I further certify that the information on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information on this form may result in the suspension of the corporation's right to do business in the State of Florida. I further certify that I am an officer or director of the corporation and the person or persons responsible for the information reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on the officers and directors list.

SIGNATURE: *Perla Consuegra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

305-5926139

CR2E034 (12/95)