

AMENDED

RECONSTRUCTION NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 DEC 16 AM 10:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P93000057490 (3)

1. Corporation Name

MATERIALS SUPPLY COMPANY CORP.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1993

2. Principal Place of Business

21 9904 NW 52 Terr

2a. Mailing Address

26 9904 NW 52 Terr

4. FEI Number

65-0473535

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Miami, Fl

City & State

28 Miami, Fl

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

24 33178 25 US

Zip Country

29 33178 30 US

8. This corporation owes the current year Intangible Personal Property.

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Calleiro, Silvia 13153 SW 11 Lane Cir Miami, Fl, 33184

81 Name

Rogelio F. Consuegra

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

9904 NW 52 Terr

83

84 City

Miami

FL

85 Zip Code

33178

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD [X] DELETE NAME Calleiro, Silvia STREET ADDRESS 13153 SW 11 Lane Circle CITY-ST-ZIP Miami, Fl, 33184

1.1 TITLE PTD [X] Change [ ] Addition 1.2 NAME Consuegra, Rogelio F. 1.3 STREET ADDRESS 9904 NW 52 Terr 1.4 CITY-ST-ZIP Miami, Fl, 33178

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 000003082320--7 2.3 STREET ADDRESS -12/28/99--01076--004 2.4 CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE [ ] Change [ ] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/99

Date

305-9926139

Daytime Phone #

KE