

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:48

DOCUMENT # P94000001490 (9)

1. Corporation Name

ELECTRONIC BUSINESS SUPPLIES CORP.

DO NOT WRITE IN THIS SPACE.

|   |   |
|---|---|
| Principal Place of Business<br>14419 SW 94TH LN<br>MIAMI FL 33186 | Mailing Address<br>14419 SW 94TH LN<br>MIAMI FL 33186 |
|---|---|

|   |                         |
|---|-------------------------|
| 3. Date Incorporated or Qualified<br>01/06/1994 | 3a. Date of Last Report |
|---|-------------------------|

|   |             |   |             |
|---|-------------|---|-------------|
| 21. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 25. Country | 26. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 29. Country |
|---|-------------|---|-------------|

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0460066   | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent

RUIZ, OMAR  
14419 SW 94TH LN  
MIAMI FL 33186

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| B1 Name   | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) |             |
| B3  |             |
| B4 City   | FL          |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the filer, if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>LOPEZ, ARIEL<br>1061 E 8TH CT<br>HIALEAH FL 33010 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>RUIZ, OMAR<br>14419 SW 94TH LN<br>MIAMI FL 33186 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

REMITTED BY MAY 1

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 119.07(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 if changed, or on an amendment with no address.

SIGNATURE: [Signature] DATE: 4/25/95 KEYWORD: 300-3837277  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR