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

CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

P94000036123 (5)

AMERICAN SUPREME PRODUCTS CORP.

Principal Place of Business		Mailing Address				T FOULDER IND FORK DIDIT OD IN DORN BAIDS THIS DRIP HER BUILD THIS INDIA
8851 NW 102 STREET MEDLEY FL 33178 US		8851 NW 102 STREET MEDLEY FL 33178 US				
00		us				3. Date Incorporated or Qualified
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0504997 Not Applicable
Suite, Apt. #	, etc.	27	Suite, Apl. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		⊢ ¬ ′	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		28 Zip	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	ашу		Florida Statutes Yes No
	9. Name and Address of Curren		1201	T		10. Name and Address of New Registered Agent
				81	Name	
WAINRE	RG, BERNARD			82	Etropt Adi	dress (P.O. Box Number is Not Acceptable)
	V 102ND STREET			02	Sueet Aoc	dress (F.O. Box realmost is real Acceptable)
	' FL 33178			83		
MEQCEI	12 00 170					Park 7: 0: 1:
				84	City	FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric n, and accept the obligations of, Secti	da. Such change was authorize	s, the abo ed by the o	ove-n corpi	named corpo oration's boa	oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
	Signature, typed or printed name of registered agent		fE: Registered	J Agen	it signature requir	red when renstating) DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1, 1 T			Change Addition
NAME	GARCIA, ERNEST		1.2 N			
STREET ADDRESS	8851 NW 102ND STREET		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	MEDLEY FL	E-) DELETE	1.4 CITY -		T-ZIP	
TITLE	DVP	☐ DELETE	2. 1 TITLE			Change Addition
NAME	GARCIA, EDWARD		2.2 NAME			
STREET ADDRESS	8851 NW 102ND STREET			2.3 STREET ADDRESS 2.4 CITY+ST-ZIP		
CITY-ST-ZIP	MEDLEY FL	F1 DELETE	2.4 C DELETE 3.1 T		T-ZIP	Change Addition
TITLE	DST	Dittelt				
NAME REPORT ADDRESS	WAINBERG, BERNARD		3.2 N		ADDRESS	
STREET ADDRESS	8851 N.W 102ND STREET				ADDRESS	
CITY-ST-ZIP TITLE	MEDLEY FL	[] DELETE	3.4 U	ITY-S	1-214	Change Addition
NAME			4.2 N			_ Change _ Rudhidh
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP	-			ITY-S		
TITLE	······································	☐ DELETE	5.17		, 411	☐ Change ☐ Addition
NAME		_	5.2 N			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP				ITY-S	•	
TITLE		☐ DELETE	6.17			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREE1	ADDRESS	
CITY-ST-ZIP			6.4 C	ITY - S	T- ZIP	
certify that oath; that I	the information indicated on this annu	ual report or supplemental annu ration or the receiver or trustee	ual report empowe	is tru	ie and accur	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further rate and that my signature shall have the same legal effect as if made under his report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SCIENTIFE DE BERNAND WAINDERG 3-15-96 885-8007
SIGNATURE AND TYPED OR PRINTED HAND OF BIGNING OFFICER OR DIRECTOR

Date

Description of Dispute Priore #