FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000059287 (0)**

1. Corporation Name

OXY SUPPLY COMPANY

Principal Place of Business	Mailing Address
8000 NW 31ST ST BAY 2 MIAMI FL 33122 US	7220 NORTHWEST 36 STREET SUITE 628 MIAMI FL 33166

3. Date Incorporated or Qualified: 08/11/1994	3a. Date of Last Report: 08/04/1995
4. FEI Number: 65-0529466	X 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 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 800 NW 31 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 BAY 2
City & State 23	City & State 28 MIAMI FL
Zip 24 / Country 25	Zip 29 33122 / Country 30 DADE

9. Name and Address of Current Registered Agent

DIEZ, JOSE L
151 CRANDON BLVD
APT 340
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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: Jose Luis Diez 1-22-96
(Signature, type or print name of registered agent and the date. Date) (NOTE: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARENAS, CARLOS	1.2 NAME	
STREET ADDRESS	7220 NORTHWEST 36 STREET, SUITE 628	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DIEZ, JOSE	2.2 NAME	
STREET ADDRESS	151 CRANDON BLVD APT 340	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCYANE FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, XOBEYA	3.2 NAME	
STREET ADDRESS	151 CRANDON BLVD APT 340	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DIEZ, ROBERTO	4.2 NAME	
STREET ADDRESS	151 CRANDON BLVD APT 340	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 attachment with an address.

SIGNATURE: Jose Luis Diez 1-22-96 305-592-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #