

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

APPROVED
AND
FILED

95 MAY -1 PM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059460 (3)

1. Corporation Name

KRAUS SUPPLY COMPANY, INC.

Principal Place of Business

**8801 NW 66TH ST SUITE 3
MIAMI FL 33166**

Mailing Address

**8801 NW 66TH ST SUITE 3
MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 10021 N.W. 52nd Terr

2a. Mailing Address

26 10021 NW 52nd Terr

4. FBI Number

65-0541231

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 Miami

City & State

28 Miami

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

33178

Country

DADE

Zip

33178

Country

DADE

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, VICTOR R

8801 NW 66TH ST SUITE 3

MIAMI FL 33166

81 Name

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

10021 N.W. 52nd Terr

83

84 City

Miami, FL

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. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ALVAREZ-OJEDA, VICTOR R**
STREET ADDRESS **8801 NW 66TH ST SUITE 3**
CITY - ST - ZIP **MIAMI FL 33166**

TITLE

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