**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 # **P94000059460 (3)**

1. Corporation Name

**KRAUS SUPPLY COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10021 N.W. 52ND TERR<br>MIAMI FL 33178<br>US | 10021 N.W. 52ND TERR<br>MIAMI FL 33178<br>US |

3. Date Incorporated or Qualified: 08/12/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8701 NW 13 Terrace
22 Suite, Apt. #, etc.: —
23 City & State: Miami, FL
24 Zip: 33172
25 Country:

2a. Mailing Address
26: 8701 NW 13 Terrace
27 Suite, Apt. #, etc.: —
28 City & State: Miami, FL
29 Zip: 33172
30 Country:

4. FEI Number: 65-0541231 ☐ 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

9. Name and Address of Current Registered Agent

**ALVAREZ, VICTOR R**
**10021 N.W. 52ND TERR**
**MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name: Alvarez, Victor R.
82 Street Address (P.O. Box Number is Not Acceptable): 8701 NW 13 Terrace
83: Miami
84 City: FL 85 Zip Code: 33172

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] President 4/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ALVAREZ-OJEDA, VICTOR R | | 1.2 NAME | | |
| STREET ADDRESS | 10021 N.W. 52ND TERR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | |

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)(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] 4-8-96 (305)471-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)