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 #	P94000067514	(7)
------------	--------------	-----

1. Corporation Name

SUPRA PROPERTIES, INC.		
Principal Place of Business	Mailing Address	
601-621 S ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166	1531 Saragossa Coral Gables Fl 33 134 US	



1 morpar nace	o or book tosa	Manny Modress				
	OYAL POINCIANA BLVD NGS FL 33166	1531 SARAGOSSA CORAL GABLES FL 3313 US	4			
				3. Date incorporated or Qualified 09/14/1994	3a. Date of Last Report 05/01/1995	
2. Principal Pl	ace of Business	28. Mailing Address		4. FEI Number	Applied For	
21		26		65-0529058	Not Applicable	
Suite, Apt. 22	#, etc.	Suite: Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		City & State		6. Election Campaign Financing	55.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for it	,	
24	[25]		30	Florida Statutes Yes		
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
110001	M. P. 1014114			BIAN MONTALVO		
	ALD, JOHN K		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
	IORCA AVE		15	31_SARAGOSSA		
CORAL	GABLES FL 33134		63			
,			84 City	ATT. 10 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	85 Zip Code	
			COF	RAL GABLES	FL 33134	
11. Pursuant t	to the provisions of Sections 607.08	502 and 607.1508. Florida Statutes,	the above-named corpo	ration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office	
familiar wi	th, and coept the obligations of, S	egion 607.0605, Florida Statutes.	by the corporations boa	action billectors, i file eoy accept the appo	nintment as registered agent, i am	
SIGNATURE *	Cakean Mais	<i>" " - 1 - 1 - 1</i>	1.77		5-5-96	
	Gorature, typed or printed name of registered a	ent and tite if anosicada (NOTE:	Flogistered Agont signature require	st when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	D	DETETE	1. 1 TITLE		Change 🔲 Addition	
NAM!	MONTALVO, SUZETTE P		1.2 NAME			
STREET ADDRESS	601-621 S ROYAL POINCIA	ana blyd	1.3 STREET ADDRESS	1531 SARAGOSSA		
CHY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 C(TY - S1 - ZIP	CORAL GABLES, FLO	RIDA_33134	
TITLE	· · · · · ·	DELETE.	2. 1 THE	V/S	Change 🙀 Addition	
NAME	1 T T T T T T T T T T T T T T T T T T T		2.2 NAME	FABIAN MONTALVO		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY - \$1 - 7IP	1531 SARAGOSSA	NOTES 22124	
TITLE		☐ DELETE	3 1 TITLE	CORAL GABLES, FLO	Change Addition	
NAME			3.2 NAME *			
STREET ADDRESS			3.3. STREET ADDRESS			
C-TY - 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 C(TY-S1-7)F			
TITLE		[] DELFIE	5. 1 TITLE		Change Addition	
NAME			5.2 NAME		- Well	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-SI-7P			5.4 CHY-ST-ZIF	. 1915ء - فشدة - الله المنتفات	فين الهي ينسي ينسران	
THE		DELETE	6.1 ItTLE	4 0000182	SI-Change [1] Addition	

6.4 CITY-SI-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)(k), Florida Safutes. 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 certify 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 Statuteer and that my name appears in Block 13 if changed, or on an attachment with an address.

6.2 NAME

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER DA DIRECTOR MONTA (NO. 4-18-96 305.6669733

-05/22/96--01019

CR2E034 (12/95)