OUTH FLORIDA BUILDING & SUPPLIES, INC. ippl Flace of Business Mailing Address 1200 Flace of Business OPA LOCKA FL 33054 1200 Flace of Business 2a. Mailing Address 1200 Flace of Busines 2a. Solo 1200 Flace of Business 2a. Certification of Sinuta Desired 1200 Flace of Business 2a. Solo May Bes 1200 Flace of Business of Country 2b. Centrate of Sinuta Desired 1200 Flace of Business of Country 2b. Country 1201 All BABA AVE 120 0PA LOCKA FL 33054 84 1201 All BABA AVE 120 0PA LOCKA FL 33054 131 1201 All BABA AVE 120 0	PROFIT CORPORATION ANNUAL REPORT 1999	Kathe Secre	ARTMENT OF STATE erine Harris tary of State F CORPORATIONS	Apr 20, 1 Secretar	LED 999 8:00 al ry of State 275 028 ***150.00	m
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ZUNINO, ADOLFO 1010 ALI BABA AVE. OPA LOCKA FL 33054 81 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. and familiar with, and accept the obligations of. Section 607.0505. Florida Statutes, the above-named corporation automits this statement for the purpose of changing its registered agent. and familiar with, and accept the obligations of. Section 607.0505. Florida Statutes. NATURE Displants typed or priores tank of registered of 0000 CS05. Florida Statutes. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13 State=FADRESS 1010 ALI BABA AVE. OPA LOCKA FL 33054 1010 ALI BABA AVE. OPA LOCKA FL 33054 1010 ELI BABA AVE. OPA LOCKA FL 33054 1010 ALI BABA AVE. OPA LOCKA FL 33054 1010 ALI BABA AVE. OPA LOCKA FL 33054 10110 ALI BABA AVE. OPA LOCKA FL 33054 101110 ALI BABA AVE. OPELETE 1011111100000000000000000000000000000	25	Zip 29		8. This corporation owes the currer Personal Property Tax.	Yes No	
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Presument to the provisions of Sections 607,0502 and 607,1500, Florida Statutes, the above-mode corporation submits this statement for the purpose of changing its 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, and namilar with, and accept the obligations of Section 607,0502, Florida Statutes. DATE Signature, typed or pointed name of registered agent, and registered agent, and registered agent, and registered agent and tils of applicable. INOTE Registered Agent segnator registered advent methodating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ZUNINO, ADOLFO DELETE 11 TITLE Change Additio ST.2P OPA LOCKA FL 33054 13 CREETADDRESS Change Additio ST.2P OPA LOCKA FL 33054 DELETE 11 TITLE Change Additio ST.2P OPELETE 31 TITLE Change Additio ST.2P	UFA LUCKA FL 33034		83			
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ST-ZP I hereby certify that the information supplied with this filing 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 innual 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 thruse 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 op an appeartment of the address, with all other like empowered.	office or registered agent, or both, in the sagent. I am familiar with, and accept the or NATURE Signature, typed or printed name of register OFFICEF PD ZUNINO, ADOLFO 1010 ALI BABA AVE. OPA LOCKA FL 33054 ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State of Florida. Such change was obligations of, Section 607.0505, I red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	tutes, the above-named cor s authorized by the corporat Florida Statutes. STE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	red when reinstating)	FL urpose of changing its registered DATE CERS AND DIRECTORS IN 1 Change Change Acc Change Change Acc Change Change	- Idition Idition Idition
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