PROFIT CORPORATION ANNUAL REPORT 1997		Sandra E Secreta	RTMENT OF STATE 5. Mortham ry of State CORPORATIONS	Apr 10 1 Secreta		
Corporation Name FLORIDA COAST SUPPLY	14000080 INC.	989 (4)				
incipal Place of Business I PONCE DE LEON BLVD. STE. 600 RAL GABLES FL 33134	901 P	ng Address ONCE DE LEON BLA L GABLES FL 33134		T (US)(US) ALS LEAN STONE SOME SOLD O	1981), MAIAL 49444 MAI	u 1919, 1919, 19 19, 1991, 1993,
				3. Date Incorporated or Qualifie 11/03/1994	d 3a. Date 04/17	of Last Report /1996
Principal Place of Business	28. M	ailing Address	<u> </u>	4. FEI Number 65-0647386		Applied For Not Applicable
Suite, Apt. #, etc.	SI	uite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State	27 C	ity & State		6. Election Campaign Financing		Fee Required \$5.00 May Be
Zip Country	28 / Zi		Country	Trust Fund Contribution		Added to Fees
Zip Country	29	ι μ	30	 This corporation has liability for Florida Statutes 	or intangible ta:	
9, Name and Addres MATO, MANUEL	ss of Current Register	ed Agent	81 Name	10, Name and Address of New	Registered Ag	ent
901 PONCE DE LEON BL			82 Street Add	ress (P.O. Box Number is Not Accep	table)	
CORAL GABLES FL 33134	4			· · · · · · · · · · · · · · · · · · ·	·····	
			631			
			63 84 City			85 Zio Code
, Pursuant to the provisions of Section of Section of Section of the provisions of Section of Section of Section (Section Section Sect	ions 607.0502 and 607.	1508, Florida Statul Such change was	84 City es, the above-named cor	poration submits this statement for th tion's board of directors. I hereby acc	e purpose of ch	85 Zip Code
office or registered agent, or both, agent I am familiar with, and acce GNATURE Stgnature typed or printed name	, in the State of Florida. ept the obligations of, S	Such change was ection 607.0505, Fl	84 City es, the above-named cor authorized by the corpora	fion's board of directors. I hereby acc	PL e purpose of ct cept the appoin DATE	nanging its registered trment as registered
office or registered agent, or both, agent 1 am familiar with, and acce GNATURF Strandore typed or printed name COF	, in the State of Florida. ept the obligations of, S of registered agent and life if an	Such change was ection 607.0505, Fl	84 City 85 City 86 City 8	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	nanging its registered trment as registered
office or registeried agent, or both, agent I am familiar with, and acce SINATURE Storedule: typed or printed runne 	, in the State of Florida. ept the obligations of, S of registered agent and life if an	Such change was ection 607,0505, Fl- pplicable (NOT DRS DELETE	84 City es, the above-named cor authorized by the corpora orida Statutes. E Repistered Agent signature requ 13.	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	anging its registered itment as registered
office or registered agent, or both, agent I am familiar with, and acce GNATURE LE D MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL	, in the State of Florida, ept the obligations of, S of registered agent and life if an FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fl pplicable (NO1 DRS DELETE	84 City 85 City 86 City 8	ation's board of directors. I hereby accurrent when reinstating)	DATE FICERS AND D	IRECTORS IN 12
office or registeriod agent, or both, agent I am familiar with, and acce SINATURE Structure, typed or printed rame I B MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL IE	, in the State of Florida, ept the obligations of, S of registered agent and life if an FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607,0505, Fl- pplicable (NOT DRS DELETE	84 City 85 City 86 City 8	ation's board of directors. I hereby accurrent when reinstating)	DATE FICERS AND D	anging its registered itment as registered
office or registered agent, or both, agent I am familiar with, and acce GNATURE Ispestice, typed or parted rame OF ILE D MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL ILE WE	, in the State of Florida, ept the obligations of, S of registered agent and life if an FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fl pplicable (NO1 DRS DELETE	84 City 85 City 86 City 8	ation's board of directors. I hereby accurrent when reinstating)	DATE FICERS AND D	IRECTORS IN 12
office or registeried agent, or both, agent I am familiar with, and acce GNATURE Englisher, typed or parted name OF RECTADDRESS REFLADDRESS IF ST- ZIP REFLADDRESS Y- ST- ZIP	, in the State of Florida, ept the obligations of, S of registered agent and life if an FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NOT DRS DELETE	84 City es. the above-named cor authorized by the corporation orida Statutes. E Registered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registeried agent, or both, agent I am familiar with, and acce GNATURE Signature: typed or protect reare the O Me O MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL IE Wi REET ADDRESS Y- S1- ZIP LE	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fl pplicable (NO1 DRS DELETE	84 City les, the above-named cor orida Statutes. E Registered Agent signature required orida Statutes. 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12
office or registeried agent, or both, agent 1 am familiar with, and acce GNATURE Electropress (EF ADDRESS Y-S1-ZIP LE WE REELADDRESS Y-S1-ZIP	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NOT DRS DELETE	84 City es, the above-named cor orida Statutes. E Registered Agent signature required orida Statutes. 13. 1.1 TIFLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registered agent, or both, agent 1 am familiar with, and acce GNATURE Structure typed or printed name Print Correct typed or print Correct typed or printed name Print Correct typed or printed name Print Correct typed or print Correct typed or print Correct Correct typed or print Correct typed or print Corre	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NOT DRS DELETE	84 City es, the above-named cor authorized by the corpora orida Statutes. E Repistered Agent signature required 13. 11.1 TITLE 12 NAME 13 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	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registered agent, or both, agent 1 am familiar with, and acce GNATURE Styristice typed or printed name is OF ME ME ME ME ME ME ME ME ME ME ME ME ME	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fil pplicable (NOT DRS DELETE	84 City est, the above-named cor authorized by the corpora orida Statutes. E Registered Agent signature required 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registeried agent, or both, agent 1 am familiar with, and acce GNATURE Electroported reme WE WE WE ADDRESS Y-ST-ZIP LE WE KELLADDRESS Y ST-ZIP LE WE KELLADDRESS Y ST-ZIP	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fil pplicable (NOT DRS DELETE	84 City ess, the above-named cor authorized by the corpora orida Statutes. E: Repistered Agent signature required 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 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 4.3 STREET ADDRESS	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registeriod agent, or both, agent 1 am familiar with, and acce SINATURE LE D MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL LE ME KE CORAL GABLES FL LE ME KE CORAL GABLES FL LE KI ADDRESS Y-S1-ZIP LE KE KI ADDRESS Y-S1-ZIP	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was ection 607.0505, Fil pplicable (NOT DRS DELETE	84 City ess, the above-named cor authorized by the corpora orida Statutes. E: Repistered Agent signature required 13. 1.1 TILE 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 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 Change Addition
office or registeriot agent, or both, agent 1 am familiar with, and acce SNATURE E Structure, typed or parted rame OF E D MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL E ADDRESS Y-S1-ZIP F E AL EET ADDRESS Y S1-ZIP F E AL EET ADDRESS Y-S1-ZIP F E AL EET ADDRESS Y-S1-ZIP	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NO1 DRS DELETE	84 City es, the above-named cor authorized by the corpora orida Statutes. E: Repistered Agent signature required 13. 1.1 TIFLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TIFLE 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 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 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 4.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	Anging its registered IRECTORS IN 12 Change Addition Change Addition Change Addition
office or registeriot agent, or both, agent 1 am familiar with, and acce SNATURE Enclude: typed or parted rame OF E E E E E E E AC E E E AD MATO, MANUEL 901 PONCE DE LEC CORAL GABLES FL E CORAL GABLES FL E E E E E E E E E E E E E E E E E E E	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NO1 DRS DELETE	84 City es, the above-named correlation corporation authorized by the corporation corporation authorized by the corporation corporation 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 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 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 5.3 STREET ADDRESS	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	Anging its registered IRECTORS IN 12 Change Addition Change Addition Change Addition
office or registeried agent, or both, agent I am familiar with, and acce GNATURE Signature, typed or parted rame COP IE WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF WE REF ADDRESS Y-S1-ZIP IF	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was lection 607.0505, Fil pplicable (NO1 DRS DELETE	84 City es, the above-named cor authorized by the corpora orida Statutes. E: Repistered Agent signature required 13. 1.1 TIFLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TIFLE 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 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 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 4.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	Anging its registered IRECTORS IN 12 Change Addition Change Addition Change Addition
office or registeried agent, or both, agent I am familiar with, and acce GNATURE Styratice, typed or parted rame of the COMMENSE WE HADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	, in the State of Florida, ept the obligations of, S of registered agent and Mile II as FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was : ection 607.0505, Fil DRS DELETE	84 City es, the above-named cor authorized by the corporation orida Statutes. E Repistered Agent signature required 13. 1.1 TIFLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TIFLE 6.2 NAME	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 IRECTORS IN 12 Change Addition Change Addition Change Addition
office or registered agent, or both, agent I am familiar with, and acce IGNATURE Strander typed or printed name 2. OF ILE D MATO, MANUEL 901 PONCE DE LEC	, in the State of Florida, ept the obligations of, S of registered agent and life if an FFICERS AND DIRECTO ON BLVD. STE. 600	Such change was : ection 607.0505, Fil DRS DELETE	84 City es, the above-named cor authorized by the corporation orida Statutes. E Repistered Agent signature required 13. 1.1 TIFLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TIFLE	ation's board of directors. I hereby accurrent when reinstating)	PL e purpose of ch cept the appoin DATE FICERS AND D	IRECTORS IN 12 IRECTORS IN 12 Change Addition Change Addition Change Addition