

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 28 AM 7:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000089604 (0)

1. Corporation Name

WEST POINT SUPPLY CORP.

Principal Place of Business

Mailing Address

MIAMI FL 33134

MIAMI FL 33134

10240 SW 56 STREET STE 115
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/12/1994

4. FEI Number

65-0340599

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10240 SW 56 STREET

26

22 Suite, Apt. #, etc.

115

27 Suite, Apt. #, etc.

23 City & State

MIAMI FL

28 City & State

24 Zip

33165

25 Country

DADE

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

81 Name

TELESA TABORDA

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

10240 SW 56 ST

83

STE 115

84 City

MIAMI

FL

85 Zip Code

33165

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 of registered agent and filer is required.

(NOTE: Registered Agent signature required when registering.)

7/13/95

12. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	BOADA, JESUS
STREET ADDRESS	10240 SW 56 ST
CITY, ST, ZIP	MIAMI FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	10240 SW 56 ST # 115
1.4 CITY, ST, ZIP	MIAMI FL 33165
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information indicated on this filing 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 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/95 (305) 598-5354