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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000001052 (6)**

1. Corporation Name

NEW YORK CENTURY SUPPLIES, INC.

Principal Place of Business

**5755 WEST FLAGLER ST.
SUITE 202-A
MIAMI FL 33144**

Mailing Address

**5755 WEST FLAGLER ST.
SUITE 202-A
MIAMI FL 33144-3441**

3. Date Incorporated or Qualified
01/05/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **1790 W 49th**

Suite, Apt. #, etc.

22 **310-B**

City & State

23 **Hialeah FL**

Zip

24 **33012**

Country

25 **DADE**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0545683

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

**REYES, EDUARDO R
751 EAST 16TH PLACE
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name

Ernesto Rodriguez

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

9121 SW 69th

83

84 City

miami FL

FL

85 Zip Code

33173

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

Ernesto Rodriguez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	REYES, EDUARDO R	1.2 NAME	Ernesto Rodriguez
STREET ADDRESS	751 EAST 16TH PLACE	1.3 STREET ADDRESS	9121 SW 69th
CITY-ST-ZIP	HIALEAH FL 33010	1.4 CITY-ST-ZIP	miami FL 33173
TITLE	SVD	2.1 TITLE	
NAME	PEREDA, JORGE	2.2 NAME	
STREET ADDRESS	5199 N.W. 7TH ST. #307E	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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

Ernesto Rodriguez

CR2E034 (9/96)