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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000002482 (4)

1. Corporation Name

MOLNAR SUPPLIES, INC.

Principal Place of Business

2210 AMESBURY CT
WEST PALM BEACH FL 33414

Mailing Address

2210 AMESBURY CT
WEST PALM BEACH FL 33414-8021

3. Date Incorporated or Qualified
01/10/1995

3a. Date of Last Report
05/30/1996

2. Principal Place of Business

21 5700 Lake Worth Rd.

2a. Mailing Address

26 5700 Lake Worth Rd.

Suite, Apt. #, etc.

Suite 209-6

Suite, Apt. #, etc.

Suite 209-6

City & State

23 Lake Worth, FLORIDA

City & State

28 Lake Worth, FLORIDA

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

65-0569477

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

ARVESU, MANUEL M. ESQ.
2000 SO. DIXIE HIGHWAY STE. 200
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name ARVESU, MANUEL M. ESQ.
82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd ST
83 SUITE 3700
84 City MIAMI FL 85 Zip Code 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PSD VERA, SUSANA	2210 AMESBURY CT.	WEST PAL BEACH FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/97 (561) 791-0797

Date

Daytime Phone #

CR2E034 (9/96)