

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000013799 (8)**

1. Corporation Name
ENERGY SUPPLIER, INC.



Principal Place of Business: **8426 S.W. 143RD AVENUE MIAMI FL 33183**
Mailing Address: **8426 S.W. 143RD AVENUE MIAMI FL 33183**

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24
25
2a. Mailing Address:
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent

**CALLEJA, RAFAEL A
8426 S.W. 143RD AVENUE
MIAMI FL 33183**

3. Date Incorporated or Qualified: **02/17/1995** 3a. Date of Last Report
4. FE Number: **65-0557702** Applied For: Not Applicable
5. Certificate 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
10. Name and Address of New Registered Agent

81 Name
82 Street Address P.O. Box Number's Not Acceptable
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.07(2)(a) and 607.15(3), Florida Statutes, I hereby certify to create or amend the 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 607.07(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | PVD | <input type="checkbox"/> DELETE |
| NAME | CALLEJA, RAFAEL A | |
| STREET ADDRESS | 8426 S.W. 143RD AVENUE | |
| CITY-STATE-ZIP | MIAMI FL 33183 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CALLEJA, MARIA J | |
| STREET ADDRESS | 8426 S.W. 143RD AVENUE | |
| CITY-STATE-ZIP | MIAMI FL 33183 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CALLEJA, JORGE A | |
| STREET ADDRESS | 8426 S.W. 143RD AVENUE | |
| CITY-STATE-ZIP | MIAMI FL 33183 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-ZIP | |

14. I do hereby certify that the information given with this filing is a true and correct copy for the event that Section 1181.07(3)(k), Florida Statutes, further certifies that the information provided on this annual report is a true and correct copy of the information that my signature shall have the same legal effect as it made under oath. That I am an officer or director of the corporation and that my signature shall have the same legal effect as it made under oath. I am not a resident of Florida and do not have a permanent address in Florida. I am not a resident of Florida and do not have a permanent address in Florida. I am not a resident of Florida and do not have a permanent address in Florida. I am not a resident of Florida and do not have a permanent address in Florida.

SIGNATURE: *Rafael Angel Calleja*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96 305-385-7799

CR2E084 (12/95)