FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000048361

1. Corporation Name

AD SUPPLIERS, INC.

May 29, 1999 8:00 am Secretary of State

05-29-1999 90003 001 ***600.00



Pri	incipal Place of Business	Mailing Address		T INDIVIDUR 195 (BLA) BYIN BRIN BRIN BRIN BRIN BRIN BRIN BRIN BR			
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29320 SW 205 AVE HOMESTEAD FL 33030		29320 SW 205 AVE Homestead FL 33030		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 06/19/1995		
2.	Principal Place of Business	2a. Mailing Address		4. FEI Number	P	Applied For	
21		26		65-0621209		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	Certificate of Status Desired See Required Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	28			,	Trust Fund Contribution	Added	d to Fees
	ip Country Zip C		Country	•	8. This corporation owes the current year Inta		
24	25		10		, 5155112111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	□No
	9. Name and Address of Curren	t Registered Agent		г	10. Name and Address of New Registered A	Agent	
	CORDERO, ALFREDO		81	Name			
			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
29320 SW 205 AVE HOMESTEAD FL 33030							
	HOMESTERD I'E 33030		83			1:=1 -	
			84		FL		Code
11.	 Pursuant to the provisions of Sections 60 0.505 office or registered agent, or both, in the State agent. I am familiar with and accept the obligat 	of Florida. Such change was aut	horized by	the corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	changing i tment as i	ts registered registered
SIG	GNATURE 1 .				<u> </u>	7	
Signature, typed or printed name of registered igent and title if applicable. (NO			Registered Ager	nt signature requi	red when reinstating) DATE		
40			140		ADDITIONO/CHANGES TO OFFICEDS AND	DIDECT	CODE IN 12
12.	. OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
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14. I 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 receive of 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR