

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000055379 (8)

1. Corporation Name

APPLETREE SUPPLY CO.



Principal Place of Business

3774 WEST 12TH AVE.
HIALEAH FL 33012

Mailing Address

3774 WEST 12TH AVE.
HIALEAH FL 33012

3. Date Incorporated or Qualified

07/18/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 4805 NW 79TH AVE

26 4805 NW 79TH AVE

4. FEI Number

65-0598860

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3

27 3

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33166

25 DADE

29 33166

30 DADE

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

DE LA PAZ, FRANCISCO
3774 WEST 12TH AVE.
HIALEAH FL 33012

81 Name

FRANCISCO DE LA PAZ

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

4805 NW 79TH AVE #3

83

84 City

MIAMI

FL

85 Zip Code

33166

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, which 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 type for current registered agent required when filing this statement)

FRANCISCO DE LA PAZ

(Signature type for new registered agent required when filing this statement)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

VICE-PRESIDENT, VP-S-D

☐ Change

☒ Addition

1.2 NAME

GLUGNIERMO-I. HENRIQUEZ

1.3 STREET ADDRESS

4805 NW 79TH AVE #3, MIAMI FL 33166

1.4 CITY-ST-ZIP

MIAMI FL 33166

2.1 TITLE

P-T-D

☒ Change

☐ Addition

2.2 NAME

GIL R DE FREITAS

2.3 STREET ADDRESS

4805 NW 79TH AVE #3

2.4 CITY-ST-ZIP

MIAMI FL 33166

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)(k), 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/25/96 305 477-0704

DATE OF FILING

CR2E034 (12/95)