

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

FILED
May 19 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 # P95000055379 (8)

1. Corporation Name
APPLETREE SUPPLY CO.



Principal Place of Business 4805 N.W. 79TH AVENUE 3 MIAMI FL 33166 US	Mailing Address 4805 N.W. 79TH AVENUE 3 MIAMI FL 33166-5400 US
---	--

2. Principal Place of Business 21 6595 NW 36th ST Suite, Apt. #, etc. 22 320 B City & State 23 VIRGINIA GARDENS FL Zip 24 33166 Country 25 USA	2a. Mailing Address 26 320 B Suite, Apt. #, etc. 27 320 B City & State 28 VIRGINIA GARDENS FL Zip 29 33166 Country 30 USA
---	--

3. Date Incorporated or Qualified 07/18/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0598860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DE LA PAZ, FRANCISCO
4805 N.W. 79TH AVENUE, #3
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name DE LA PAZ FRANCISCO
82 Street Address (P.O. Box Number is Not Acceptable) 10655 SW 113th PL. #C
83
84 City MIAMI FL 85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1505 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 Francisco DeLaPaz **Francisco DeLaPaz Registered Agent** **5/14/97**
Signature (Type or print name of registered agent and sign, if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE VPSD	<input checked="" type="checkbox"/> DELETE
NAME HENRIQUEZ, GLUGUIERMO I.	
STREET ADDRESS 4805 N.W. 79TH AVENUE #3	
CITY-ST-ZIP MIAMI FL	
TITLE PTD	<input type="checkbox"/> DELETE
NAME DE FREITAS, GIL R.	
STREET ADDRESS 4805 NW 79TH AVENUE #3	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME FRANCIA J MONSALVE.	
1.3 STREET ADDRESS 6595 NW 36th ST # 320 B	
1.4 CITY-ST-ZIP VIRGINIA GARDENS, FL 33166	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Francisco DeLaPaz **Francisco DeLaPaz Registered Agent** **5/14/97**
Signature (Type or print name of registered agent and sign, if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE

CR2E034 (9/96)