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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISIO	N OF CORPORATIONS		
	MENT # P95 (000069817	(1)		
1. Corporatio	ri name		(' /		
AMEN	ican supply group i	NG.		I PO BANGOR AND POLICE AND EMPLOY MADE	1 8 6 1 1
ļ	***				
Principal Place	e of Business	Mailing Address		1 (40)(80) (10) (10) (10) (10) (10) (10)	r makin menja minim têkêt dalên dibin deni 1841
8154 N.W. 6 MIAMI FL 33	TH STREET	8154 N.W. 67TH	STREET		
MIAMITES	3100	MIAMI FL 33166			
				3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report
⊢ −	lace of Business	2a. Mailing Addres	S	4. FEI Number	Applied For
21		26		65-0610789	Not Applicable
Suite, Apt. #, etc.		Su⊭te, Apt. #, ∈	IC.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	€	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	Triis corporation has liability for Florida Statutes	fintangible tax under s=199.032, □ No
	9. Name and Address of Co			10. Name and Address of New F	
			81 Name		The first of the second control of the secon
	IO, HENRY		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
	.W. 67TH STREET Fl 33166		83		
PRICARILI	L 33100				AAAAA
			84 City		FL 85 Zip Code
11. Pursuant or register	to the provisions of Sections 607, red agent, or both, in the State of	0502 and 607.1508, Florida : Florida: Such change was a.	Statutes, the above named corporation's bo	oration submits this statement for the pur ard of directors. Thereby accept the app	rpose of changing its registered office
lariii.ar w	ith, and accept the obligations of,	Section 607,0505, Florida St	atutes.	The state of the s	onthe da regional da digorni. Fulli
SIGNATURE.	Signature, typed or printed name of registered		(NOTE: Brigistere o Agent signaturo recidi	red when redustating	DATE
12.		S AND DIFFICTORS	13.	ADDITIONS/CHANGES TO OFF	* · · · · · · · · · · · · · · · · · · ·
TITLE.	D MALAVE, GABRIEL FREY	[] DELET			Change Addition
STREET ADDRESS	8154 N.W. 67TH STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY - ST-7IP		
TITLE		[]] DELET	to a contract of the contract		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C(TY-ST-ZIP TITLE		[] DELFTI	2.4 CITY - \$1 - 719 3.1 TITLE		Change Addition
NAME		E.J. 544.11	3.2 NAME		[] Onlinge [] Addition
STREET ADDRESS			33 STREET ADDRESS		
CITY-S1-ZIP	*		3.4 CITY - \$1 - 712		
THILE		DELETH DELETH			Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-S1-ZIP			4.3 STREET ADDRESS		
TITLE		[] DELETI	4.4 City-ST-ZiP 5.1 Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		[_] DELETE			Change Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS		

CITY-S1-ZIF

14. I do horeby certify that the information supplied with this fling 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 at 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 foce-ver or trustee empowered to execute this report as required by Chapter 97, Florida Statutes; and that my name appears in Block 12 or Block 13 y changed, or man attractment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-477-709)