

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90027 045 ***150.00

DOCUMENT # P95000086742

1. Corporation Name

WINDWARD SUPPLY, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1995

4. FEI Number

65-0628173

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

\$8.75

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Windward Supply Inc.

22 Suite, Apt. #, etc. 7295 N.W. 41 ST.

23 City & State Miami, Florida

24 Zip 33166 25 Country U.S.A.

Mailing Address

26 7295 NW 41 STREET
27 MIAMI FL 33166

9. Name and Address of Current Registered Agent

KERIVAN, ROBERT E
7295 NW 41 STREET
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name Carlos Gomez

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

83 7295 N.W. 41 ST.

84 City Miami, Florida 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. 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 *Carlos Gomez* Carlos Gomez

DATE 1/6/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE
NAME KERIVAN, ROBERT E
STREET ADDRESS 7295 NW 41 STREET
CITY-ST-ZIP MIAMI FL 33166

TITLE VD ☐ DELETE
NAME GOMEZ, CARLOS
STREET ADDRESS 7295 NW 41 STREET
CITY-ST-ZIP MIAMI FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME LeBdd, John
1.3 STREET ADDRESS 7295 N.W. 41 ST.
1.4 CITY-ST-ZIP Miami, FL 33166

2.1 TITLE VTD ☒ Change ☐ Addition
2.2 NAME Gomez, Juan C
2.3 STREET ADDRESS 7295 N.W. 41 ST.
2.4 CITY-ST-ZIP Miami, FL 33166

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME Hart, Clyde
3.3 STREET ADDRESS 7295 N.W. 41 ST.
3.4 CITY-ST-ZIP Miami, FL 33166

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 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, with all other like empowered.

SIGNATURE: *Juan C. Gomez* Juan C. Gomez VTD 1/6/99 (305) 593-8847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)