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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000096494

CENTRAL SUPPLY OF AMERICA CORP.

Principal Place of Business

Mailing Address

915 1B15 AVE. MIAMI FL 33166 915 IBIS AVE. MIAMI FL 33160

FILED Apr 15 1997 8:00am Secretary of State

| | | | | | | } | | |
|--|--|---|--|--|--|--|--|------------------------|
| | | | | -1 11 | | 3. Date incorporated or Qualified 12 / 18/1995 | 3a. Date of Last 4/15 / | |
| Principal F | Place of Business | 2a. Mailing Add | iress | | | 4. FEI Number | _ | Applied For |
| <u> </u> | | 26 | | | | 65-063 634 | | Vot Applicat |
| Suite Apt | (#, etc) | Suite, Apt. # | F, etc. | | | 5. Certificate of Status Desired | 4 | Additional Required |
| Ony & Stat | Ar- | City & State | | | | 6. Election Campaign Financing | | 0 May Be |
| , | | 28 | | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation has liability for | | s. 199.032 |
| | 25 | 29 | 30 | | | | Yes No | |
| _,,. | 9. Name and Address of Currer | nt Registered Agent | | 81 1 | Vame . | 10. Name and Address of New R | egistered Agent | |
| 1 | MEDINA. LIZETTE | | | 1 1 | A | LFREDO MUNOZ | | |
| | 4794 AN 1924d. S | TREET | | 82 S | treet Addre | ss (P.O. Box Number is Not Accepta | ble) # 1712 | |
| | MIAMI FL 33055 | | | 83 | 31 | 40 So, OCEAN DE | c. 7 1/12 | |
| | | • | | | | | | · |
| | | | | 84 0 | City # | ALLANDALE | FI 85 20 | Code |
| Pursuard | to the provisions of Sections 607.050 | 2 and 607.1508, Flor | ida Statutes, the | e above-na | amed corpo | oration submits this statement for the | purpose of changing | its register |
| office or | registered agent, or both, in the State and familiar with, any according to the purity | of Florida, Such cha | nge was author | rized by the | e corporation | on's board of directors. I hereby acce | ept the appointment a | is registere |
| | Hele Will | ALEDE | | | | | | |
| NATURE | to your need a project name of registeratings | vicand the if applicable | MUNC (NOTE: Regis | stered Agent si | ignature required | d when reinstating) | DATE | |
| | OFFICERS AN | D DIRECTORS | | 13. | · | ADDITIONS/CHANGES TO OFF | CERS AND DIRECTO | DRS IN 12 |
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| -\$1 - ZIP | MIAMI FL 33058 D NCHULLEN, JAME | | DELETE 2 | 1 4 City - \$t - Zi | IP | | ⊠ Change | Addi |
| - \$1 - ZIP - | MIAM) FL 33056 D NCHULLEN, JAME 915 IBIS AVE. | S | DELETE 2 | 1 4 City - \$t - Zi 2 1 Title | IP P | | ⊠ Change | Addi |
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