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PROFIT CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State - ''
DIVISION OF CORPORATIONS

DOCUMENT # P 96000004377

QUARTERMASTER SUPPLIES OF VENEZUELA CORF

CORPORATIONS

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90008 047 ***150.00

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4-30-99

Daytime Phone #

Principal Plac		Mailing Address						
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	r	•	-/ 1	//	3. Date Incorpora			
MIAM	1, FL 33166	MIAMI, F	1 3316	060		-1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-06	40324_		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc).				\$8.	75 Additional
22		27			5. Certifcate of St	alus Desileu _	Fe	ee Required
City & Stat	e	City & State			6. Election Campa	aign Financing	¬ \$5	.00 May Be
:3		28			Trust Fund Cor	ntribution	Ad	ded to Fees
Zip	Country-	Zip	Cou	ntry	8. This corporation	n owes the current	year Intangible	
4		29	30		Personal Prope		Yes	i □No
	9. Name and Address of Current F	Registered Agent			10. Name and Add			
E	INESTO HUERTAS			81 Name	EZY GRE	AT PROFE	SSIONAL	- INC
21	COESTO MUEILLAS			82 Street A	ddress (P.O. Box Number			
\$0	01 NW 75T#8				545 SW 85			
	, , ,			83				
M	1AM1, FL 33126			84 City			85	Zip Code
1	, , , = = = , , , , ,			of City	MIAMI		FL °° ,	33134
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida S	Statutes, the a	bove-named c	orporation submits this sta	atement for the pur	pose of changir	ng its registered
office or r	egistered agent, or both, in the State of maniliar with, and secept the obligation	Florida. Such change v	vas authorized 5. Florida Stati	I by the corpor utes.	ration's board of directors.	. I hereby accept th	e appointment	as registered
1	Jene with	- Constant					30-99 DATE	
CICKIATION								
SIGNATURE	Signature, type or writer time of the gisternation for the	10 title of applicable	(NOTE: Registered	Agent signature rec	quired when reinstaling)		DATE	
	Signature, typic or united time of edistates and of officers AND	DIRECTORS	(NOTE: Registered	Agent signature rec		ANGES TO OFFIC		CTORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	- · · · · · · · · · · · · · · · · · · ·				
12. ITLE	OFFICERS AND	☐ DELE	13.	LE			ERS AND DIRE	
12. TITLE	POLAVARRIETA, RICAR	□ DELET	13. TE 1.1 TF 1.2 NA	LE			ERS AND DIRE	
12. TITLE NAME STREET ADDRESS	P OLAVARRIETA, RICAR 8410 NW 53 TERR E	□ DELET 2.00 . 57e 116	13. TE 1.1 TR 1.2 NA 1.3 ST	TLE ME			ERS AND DIRE	
12. TITLE NAME STREET ADDRESS DITY-ST-ZIP	POLAVARRIETA, RICAR	□ DELET 2.00 . 57e 116	13. FE 1.1 TR 1.2 NA 1.3 ST 1.4 CF	TLE ME REET ADDRESS TY-ST-ZIP			ERS AND DIRE	ange
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