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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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## DOCUMENT # P9600005354 (1)

N.R.C. MATERIALS & SUPPLY CORP.  Principal Place of Business Mailing Address  14621 SW 110TH TERRACE 14621 SW 110TH TERRACE MIAMI FL 33198-6614			E					
					3. Date Incorporated or Qualified 01/16/1996	3a. Date of Last Report		
2. Principal P	lace of Business	2a. Mailing Address		······································	4. FEI Number	Applied F	or	
21		26			65-0637273	Not Applie		
Suite, Apt.	#, etc	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Bo		
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees		
24	25	· · · · · · · · · · · · · · · · · · ·	30	,	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.03 Yes : D No	32,	
44	9. Name and Address of Curre		]		10. Name and Address of New Reg			
	RBA, ARMANDO J		81	Name				
	21 SW 110TH TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptable	9)		
MIA	MI FL 33186		83					
			L					
			84	City		FL 85 Zip Code	-	
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stat rn familiar with, and accept the obligation of registered as				poration submits this statement for the put tion's board of directors. I hereby accept ared when reinstating)	rpose of changing its registe the appointment as registe	tered red	
12.			13.	or all the second	ADDITIONS/CHANGES TO OFFICE		2	
TITLE	PD	DELETE	1.1 TITLE			Change Ac	ddition	
NAME	BARBA, ARMANDO J		1.2 NAME	Ì				
STREET ADDRESS	14621 SW 110TH TERRACE			T ADDRESS			l	
CHTY-S1-ZHP TITLE	MIAMI FL 33186 VD	DELETE	1.4 CiTY-1 2.1 TiTLE	ST-ZIP		Change A	ddition	
NAME	BARBA, ARMANDO	C orrect	2.2 NAME				3070011	
STREET ADDRESS	121 NW 68TH COURT			T ADORESS				
CITY-ST-ZP	MIAMI FL 33125		2 4 CITY-	ST-ZIP				
THUF	STD	. DELETE	3 1 TITLE		,	☐ Change ☐ Ar	ddition	
NAME	BARBA, NATIVIDAD 121 NW 68TH COURT		3.2 NAME					
STREET ADDRESS	MIAMI FL 33125			T ADDRESS				
CITY-ST-ZIP TITLE	INVANI I F OO I EO	DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change A	ddition	
NAME		booker	4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CHTY - \$7 - 7H1			4.4 CITY-	ST-ZIP			<u> </u>	
TIPLE		DELETE	5.1 TITLE			☐ Change ☐ Ai	ddition	
NAME			5.2 NAME	l				
STREET ADDRESS				T ADDRESS				
CITY-ST-7IP		DELETE	5.4 CiTY- 6.1 TITLE	ST-ZIP		☐ Change ☐ A	ddition	
NAME		ن مدر از	6.1 THE			Fill Austriato Fill Vi	avisali	

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-S1-7P

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 recoiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

**FILED** 

Apr 23 1997 8:00am

Secretary of State