

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000041259 (8)**

1. Corporation Name
POST SUPPLY INC.



Principal Place of Business 8212 N.W. 64 STREET MIAMI FL 33166	Mailing Address 8212 N.W. 64 STREET MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18630 W OAKMONT DR.		2a. Mailing Address 26 18630 W OAKMONT DR.		3. Date Incorporated or Qualified 05/14/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0665257	
City & State 22 Hialeah		City & State 27 Hialeah		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33015		Zip 29 33015		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 D.D.E.		Country 30 D.D.E.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAMPOS, ADOLFO 7950 S.W. 13 TERRACE MIAMI FL 33144		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE CAMPOS Adolfo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPOS, ADOLFO		1.2 NAME	
STREET ADDRESS 7950 S.W. 13 TERRACE		1.3 STREET ADDRESS 18630 W OAKMONT DR.	
CITY-ST-ZIP MIAMI FL 33144		1.4 CITY-ST-ZIP Hialeah FL 33015	
TITLE T S	<input type="checkbox"/> DELETE	2.1 TITLE TS CAMPOS AIDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPOS, AIDA		2.2 NAME	
STREET ADDRESS 7950 S.W. 13 TERRACE		2.3 STREET ADDRESS 18630 W OAKMONT DR.	
CITY-ST-ZIP MIAMI FL 33144		2.4 CITY-ST-ZIP Hialeah, FL 33015	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  4/27/98 (305) 477-9727

CR2E034 (10/97)