AMENDED

09-17-2002 90087 009 ****61.25

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 23 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000053898

1. Entity Name

LOS ANGELES SUPPLY, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3300 NW N. RIVER DR.	3300 NW N. RIVER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL 33142	City & State: MIAMI, FL 33142
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number: 65-0706943 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GARCIA, MARTHA R.

Street Address (P.O. Box Number is Not Acceptable): 9500 S. DADELAND BLVD.

SUITE # 705

City: MIAMI FL Zip Code: 33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LUIS MENDOZA
STREET ADDRESS	825 BRICKELL BAY DR. AVE. #1493
CITY-ST-ZIP	MIAMI, FL. 33131
TITLE	VP/D
NAME	ALABDALLA, MANUEL
STREET ADDRESS	1670 ORCHID BEND
CITY-ST-ZIP	WESTON, FL. 33327
TITLE	
NAME	
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL AL ABDALLAH 09/11/02 305-525-8017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #