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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600060131 (5)

COMPREHENSIVE INTERNATIONAL SUPPLY, CORP.

25 WOODCREST RD.	425 WOODCREST RD.		
IEY BISCAYNE FL 33149	KEY BISCAYNE FL 33149-1838		
Principal Place of Business	Mailing Address		

**FILED** May 07 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						
425 WOODCREST RD. KEY BISCAYNE FL 33149		425 WOODCREST RD.				
KEY BISCAYNE	rl 33149	KEY BISCAYNE FL 33149	9-1838			
					3. Date Incorporated or Qualified 07/18/1996	3a, Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0670900	Applied For
21		26			00-0000709	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Cou	intry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curren	t Registered Agent		B1 Name	10. Name and Address of New Rec	istered Agent
	OLONGO, LUIS H			Name		
422 GLENRIDGE RD. MIAMI FL 33149				82 Street Ac	ddress (P.O. Box Number is Not Acceptabl	e)
MIAN	MI LF 22148			83		
				84 City		FL 85 Zip Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	s authorize	d by the corpo	orporation submits this statement for the pi ration's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
SIGNATURE	Signature, lyped or pointed name of registered age	et and title d'applicable (NC	DN Braislere	d Agent signature re	guited when re-instating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE	1.1 H	TLF		Change Addition
NAME	TANO, ANA R		1.2 N	AME		
STREET ADDRESS	425 WOODCREST RD.		1.3 \$1	TREE I ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL 33149	T pricis		TY - S1 - 2(P		
TITLE	s Sotolongo, Luis H	[]] DELETE	211	. }		Change Addition
NAME Street address	422 GLENRIDGE RD.		2.2 N			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			TREET ADDRESS		
TITLE	1121 0100/11112 12 00110	DELETE	3111			Change Addition
NAME			3 2 N	-		
STREET ADDRESS			3.3 S	IREET ADDRESS		
CITY-ST-ZIP			3.4. 0	ITY - ST - ZIP		
TITLE		DELETE	4.1 Ju	1LE		Change Addition
NAME			4.2 N	IAME		
STREET ADDRESS			4.3 S	TREET ADDRESS		
CITY-ST-ZIP		T SELETE		1Y - S1 - ZIP		1 August 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	5.1 7(			Change Addition
NAME			5.2 N	1		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE		IIY-SI-ZIP		Change Addition
TITLE		☐ Mitt	6111			LI Grange LI Adoition
NAME			62 N			
STREET ADDRESS				IREFT ADDRESS		
City-St-ZiP	ov certify that the information supplier	d with this filmo done not gue		exemption eta	ited in Section 119.07(3)(i). Florida Statules	Literar configuration

cy win his many does not quality to the exemption stated in Section 118.07(20), Fibrida Statutes. Further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on an attachment with an address.