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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

P96000064817 (5)

Mailing Address

A & N SUPPLY CO.

372 W 15T HIALEAH F		372 W 15TH STREET HIALEAH FL 33010				3.	DO NOT WRITE II Date Incorporated or Qualified 08/02/1996	N THIS	SPACE			
2, Principal	Place of Business	2a, Mailing Address	2a. Mailing Address			4.	FEI Number			Apr	plied For	
21		26	26				65-0689484			No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	••••								\$8.75 Additional Fee Required	
City & St	ate	City & State	28			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	a '		⊢	Country			This corporation owes or has paid	1				
24	[25]	29	30]				Personal Property Tax due June 3		Yes) No	
g. Name and Address of Current Registered Agent						10.	Name and Address of New Fleg	stered	Agent			
PERERA, AIDA				B1	Name							
372 W 15TH ST HIALIEAH FL 33010				82	Street Add	lress (F	O. Box Number is Not Acceptable	э)				
			'	B3								
			Ī	B4	City			FL	85	Zip C	хоde	
office o	r registered agent, or both, in the	7.0502 and 607.1508, Florida Statul State of Florida. Such change was a obligations of, Section 607.0505, Flo	authorized	bγ	the corporal	poratio ition's t	n submits this statement for the pu poard of directors. I hereby accept	rpose c	of chang	ing its	registered registered	
SIGNATURI	Signature, typed or penied name of registr	red agent and otte if applicable (NOT)	f.: Rog-stered	Ager	nt signature requi	ited wher	reinstating)	DATE	*			
12.	OF LICE F	S AND DIRECTORS	13.	13.			ADDITIONS/CHANGES TO OFFICE	RS AN	D DIREC	CTOR!	5 IN 12	
TITLE	P	☐ DELETE	1.1 TITU	E					Cha	ange	Addition	
NAME	NORBERTO, PERERA		1.2 NAN	Æ								
STREET ADDRESS 372 W 15TH ST			1.3 STREET ADDRESS		ADDRESS							
CITY-ST-ZIP	HIALEAH FL		1.4 CITY - ST - ZIP		1-ZIP							
TITLE		☐ DELETE	2.1 TITLE						Cha	ange	Addition	
NAME			2.2 NAM	2.2 NAME								
STREET ADDRESS			2.3 STREF1 AD		ADDRESS							
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		IT - ZIP							
TITLE		DELETE	3.1 TITL	E					Cha	ange	Addition	
NAME			3.2 NAN	ΛE								

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 or proposed 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 appress.

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.3 STREFT ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

1/2/100

FILED

May 14 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

___ Addition