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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

Daytime Phone #

0183251

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600087358 (3)

NORTH REACH HARDWARE INC.

		Mailing Address 4338 SW 8 ST. MIAMI FL 33134-2673		
				3. Date Incorporated or Qualified 10/23/1996 Sa, Date of Last Report
21	Place of Business	2a. Mailing Address		4. FEI Number 6702 / Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		Certificate of Status Desired
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z _I p 24	Country 25		Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
DOI	9, Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	MANELLO, VINCENZO 38 SW 8 ST.			
	4336 SW 8 ST. MIAMI FL 33134		82 Street Ac	ddress (P.O. Box Number is Not Acceptable)
171 ₀₇ 3	MILLE OCTOT		83	
	. Here. Here was a second			
			84 City	FL 85 Zip Code
office or agent. La SIGNATURE	To the provisions of Sections 697,0 registered agent, or both, in the Sta am familiar with, and accept the ob-		is, the above-flamed or ulthorized by the corpo rida Statutes. Registered Agent signature to	orpotation submits his statement for the purpose of changing its registered pations board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	ROMANELLO, VINCENZO		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	
City-St-ZiP	MIAMI FL 33134	T AFIETE	1.4 CITY-ST-ZIP	Addition
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME DEDICAL ABIDAN DO			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition
NAME			3.2 NAME	Never T PT BT page 1 continue
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-SI-ZIF			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Cliange ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	•
CITY-ST 7P			4.4 C/TY-SY-Z/P	
TITLE		DELETE	5.1 TITLE	Crange Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		TI priete	5.4 CITY-ST-ZIP	I Change I Million
TITLE		DELETE	61 TITLE	Change Addition
NAME CORES ADDOCCO			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CiTY+ST-ZIP	hy certify that the information supp	lied with this filing does not qualify	6.4 CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatic Lam an o	ion indicated on this annual report c	or supplemental annual report is tru For the receiver or trustee empowe	ue and accurate and the ered to execute this rep	hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR