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

PROFIT .
CORPORATION
ANNUAL REPORT



FLORIDA DEPARATENTAL STATE Sandra B. Murtham

Secretary ¥ State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000095262 (7)

J & C SUPPLIES, INC.

## FILED Sep 10 1997 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address				BRITE SOLD! BISID ISBS# OF		
15635 8.W. 146 AVENUE MIAMI FL 33177		15635 S.W. 146 AVENUE MIAMI FL 33177-6889							
•						3. Date Incorporated or Qualified 11/18/1996	3a. Date of Last F	Report	]
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		pplied For	1
		26				65-036346	N	ot Applicable	] '
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-</del> ]			5. Certificate of Status Desired	7	Additional tequired	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip	Country	Zip				8. This corporation has liability for in	ntangible tax under s	s. 199.032,	1
24	25 29 30 9. Name and Address of Current Registered Agent			<del></del>	Florida Statutes Yes No  10. Name and Address of New Registered Agent				_
n-r	ANCOURT, JOSE R	Hegistered Agent		81 Nam	Δ	10. Name and Address of New Hey	Jistered Agent		-
	35 S.W. 146 AVENUE MI FL 33177				et Addre	ess (P.O. Box Number is Not Acceptable)			
				83					1
				84 City			85 Zip	Code	1
dd Didbirant	to the provisions of Sections 607.0502	and CO7 1CO0. Florida Ctat. to		1	20 00000	sation authorite this statement for the	FL	to registered	4
office or re	egistered agent, or both, in the State c m familiar with, and accept the obligat	of Florida, Such change was a	uthorizo	by the c	orporatio	nation submis this statement for the pon's board of directors. Thereby accep	t the appointment as	s registered	
SIGNATURE	Signature, typod or purited home of registered agent	and trie if applicable (NOTE	Registere	1 Agent signat	ure required	d when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	100
TITLE	D DELETE		1.1 70	1.1 71TLE			Change	Addition	(96/6)
NAME	BETANCOURT, JOSE R		1.2 NA	. 1.2 NAME					8
STREET ADDRESS	15635 S.W. 146 AVENUE		1.3 ST	1.3 STREET ADDRESS					R2E034
CITY-ST-ZIP	MIAMI FL 33177			1.4 C(TY - ST - ZIP			- Observe	Addition	낶
TITLE	BETANCOURT, IDALIS	[] Dittit	DELETE 2171			☐ Change		Addition	Γ
NAME DARGE LOGDEGG	15835 S.W. 146 AVENUE		2.2 NA						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33177			REFT ADDRES	٥				
VITLE		DELETE	2 4 CHY-ST-ZIP 3.1 TITLE		<del></del>		☐ Change	Addition	1
N.ME			3 2 NA	ME			-		
SI REET ADDRESS			3.3 ST	REET ADDRES	s				
CITY ST-ZIP			3.4. CI	TY-ST-ZIP					
TOLE	☐ DELETE			1E			☐ Change	noilitbA	
NAME			4. 2 N	<b>AME</b>					
STREET ADDRESS			4.3 ST	REET ADDRES	s			ىم كىرى	Λ
CITY-ST-ZIP		T ntitre		IY-SI-ZIP			V		1,
TITLE .				5.1 TITLE		00000229	Change	Angyon	
NAME .			5.2 NAME		,	00000229 -09/11/970110	13006	M.	1
STREET ADDRESS CITY - ST - ZIP			5.3 STREET ADDRESS 5.4 City-St-2ip		۱"	***165.00			
TITLE		DELETE	6.1 Til				Change	Addition	†
NAME			6.2 NA			90000229	0869		
STREET ADDRESS				REFT ADDRES	s	03/11/31 0110	13005		
CITY-ST-ZIP				Y-ST-ZIP		***385.00			
	by certify that the information supplied	with this filing does not qualif			stated	in Section 119.07(3)(i), Florida Statutes	. I further certify that	t the	.]

I. I do 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 toceiver 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.

MONATURE Mari Broker acre 120