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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9700020766

RUMAH GENERAL SUPPLY, INC.

FILED Jan 22, 1999 8:00am Secretary of State

01-22-1999 90040 021 ***150.00

Principal Place of Business Mailing Address						<u> </u>	T HELL BEIN 196	
700 N.W. 214TH STREET #707 700 N.W. 214TH STREET MIAMI FL 33169-2011 MIAMI FL 33169-2011			#707			DO NOT MORE IN THE	•	
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Suite, Apt.	. #, etc.	Suite, Apt. #, etc.						Additional
27				5. Certifcate of	Status Desired		lequired	
<u> </u>	City & State City & State				6. Election Can	npaign Financing	\$5.00	May Be
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	9. Name and Address of Curi	rent Registered Agent		81 Nam		Address of New Registered	Agent	
RUM	AAH, HARUNA M		ĺ	Nain	•			-
	N.W. 214TH STREET #707			82 Street Address (P.O. Box Number is Not Acceptable)				
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				63	, , ,	以后,8.00克/维度 [*]		
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11 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	too the ak			<u> </u>	<u> </u>	
					oration's board of director	statement for the purpose or rs. I hereby accept the appo	l changing its intment as re	registered eaistered
agent. Fiz	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statu	es.		, i i i i i i i i i i i i i i i i i i i	**	
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SIGNATURE	Signature, typed or printed name of registered a OFFICERS A			gent signature	required when reinstating)	DATE TO OFFICERS A	UD DIDEOTO	20 11 40
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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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-99.

CR2E034 (11/98)