

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90042 036 ***158.75

DOCUMENT # P97000066814

1. Corporation Name

RAY'S FULL LINE OF INDUSTRIAL SUPPLIES, INC.

Principal Place of Business

2373 W 73RD PLACE
HIALEAH FL 33016-6813

Mailing Address

2373 W 73RD PLACE
HIALEAH FL 33016-6813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0770984

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes ☐ No

2. Principal Place of Business

21 17000 N.W 67 AVE

Suite, Apt. #, etc.

22 322

City & State

23 MIAMI FLORIDA

Zip

24 33015

Country

25 USA

2a. Mailing Address

26 17000 N.W 67 AVE

Suite, Apt. #, etc.

27 322

City & State

28 MIAMI FLORIDA

Zip

29 33015

Country

30 USA

9. Name and Address of Current Registered Agent

ORTEGA, RAMON I
2373 W 73RD PLACE
HIALEAH FL 33016-6813

10. Name and Address of New Registered Agent

81 Name

82 ORTEGA, RAMON I

83 Street Address (P.O. Box Number is Not Acceptable)

84 17000 N.W 67 AVE #322

85

City

MIAMI

FL

86 Zip Code

33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME ORTEGA, RAMON I

STREET ADDRESS 2373 W 73RD PLACE

CITY-ST-ZIP HIALEAH FL 33016-6813

TITLE VSD ☒ DELETE

NAME HERNANDEZ, OSCAR A

STREET ADDRESS 757 NE 77TH TERR

CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT

RAHON I ORTEGA

17000 N.W 67 AVE STE 322

MIAMI FL 33015-4062

☒ Change ☐ Addition

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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:

Ramon I Ortega

Date

04/28/1999 305-785-3695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)