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

PROFIT CORPORATION ANNUAL REPORT

1998

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STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084875 (8)

FLORIDA INDUSTRIAL SUPPLY INC.

Principal Place of Business Mailing Address 5953 N.W. 201 TERRACE 5953 N.W. 201 TERRACE MIAMI FL 33015 MIAMI FL 33015 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-079 4489 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **MORALES. ALBERTO 5953 N.W. 201 TERRACE** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAM! FL 33015** 83 City 64 85 Zip Code 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 to. State of Florida. Such shange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with any accept the obligation, of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change TITLE 1.1 TITLE MORALES, ALBERTO NAME 1.2 NAME **6953 N.W. 201 TERRACE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Addition TITLE DELETE 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 City-St-Zip

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 emporered 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.

FILED

Apr 30 1998 8:00am

Secretary of State

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