FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90013 038 ***150.00

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**

DOCUMENT # P98000004280

ADVANCED SUPPLY USA, INC.

715 771170	25 0011 21 00117 1110	•			
Principal Plac	e of Business	Mailing Address		·	
1355 NW 93 COURT 1355 NW 93 COURT					
SUITE 105 SUITE 105					
MIAMI FL 33172 MIAMI FL 33172					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					01/13/1998
Principal Place of Business Za. Mailing Address					4. FEI Number Applied For Not Applicable
21 26				 	
Suite, Apt. #, etc.					5. Certificate of Status Desired
22 27					The state of the s
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 28 710			Country		
Zip				,	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	9, Name and Address of Curren		<u> </u>	·	10. Name and Address of New Registered Agent
	9, Name and Address of Curren	registered Agent	81	Name \	
AGR	AMUNT, LUIS		L	۸لي ∣	WIEL CASAUDOUMECQ
80 SW 8TH STREET			82		ess (P.O. Box Number is Not Acceptable)
SUITE 2077			83	1355	M.W. 93 COURT
MIAMI FL 33130			"	'	
MEAN	M 1 E 33130		84	City	AUI FL 85 Zip Code 33172
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 a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Florid	na Spanore	s.	/2 - 2 /20 /00
SIGNATURE	The same	AVIER	,	AUDOUM	
	Signature, typed or printed name of registered agen			int signature required	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	D	C) Officia			,
NAME	CASAUDOMECQ, JAVIER		1.2 NAME 1.3 STREET ADDRESS		·
STREET ADDRESS	1355 NW 93 COURT				
CITY-ST-ZIP	14 CITY-ST		ST-ZIP	☐ Change ☐ Addition	
TITLE	D	☐ DETEIE	2.1 TITLE		
NAME	CASAUDOMECQ, JOSE		2.2 NAME		
STREET ADDRESS	-		~ *	ET ADDRESS	_
CITY-ST-ZIP	MIAMI FL 33172	C act exe	2.4 CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE	D .	☐ DELETE	3.1 TITLE		U Addition
NAME	PINTO, DIEGO		3.2 NAME		
STREET ADDRESS	1355 NW 93 COURT		3.3 STREE	TADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	Chara CAJJEan
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition 〕
NAME			5.2 NAME		1
STREET ADDRESS				T ADORESS	
CITY-ST-ZIP		——————————————————————————————————————	5.4 CITY-5	ST-ZIP	
TITLE	•	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS				TADDRESS	
CITY-ST-7IP			6.4 CITY-5	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 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:

CASALDOUNECO