FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90003 022 ***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 # P98000028979

1. Corporation Name

RIESTRA'S REFERRED SUPPLIES, INC.

Principal Place	Principal Place of Business Mailing Address						1 3001	1501 114 151	,, ,=,,, ==					
8440 S.W. 154TH CIRCLE COURT 8440 S.W. 154TH CIRCLE COUF				JRT										
#308							DO NOT WRITE IN THIS SPACE							
MIAMI FL 33193 MIAMI FL 33193							3. Date Incorporated or Qualifed							
							03/30/1		O. 4200.					1
2 Principal Pl	ace of Business	2a. Mailing Address					4 FEI Num	her				$\neg \top$	App	lied For
-	ace of Business	26					65-	083	002	?2			$+ \cdots$	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.										\$8.		ditional
2	,	27					Certifcate	of Statu	3 Desire	ed 📙		Fe	e Req	uired
City & State	9	City & State		<u>-</u>			6. Election (Campaigr	i Financ	ing 🗆		- \$5	₽00.	May Be
:3		28					Trust Fun	d Contrib	ution			Ad	lded to	Fees
Zip	Country	Zip	Cour	ntry			8. This corp	oration o	wes the	current y				_
4	25	29	0				Personal					Yes	<u>. </u>	□No
	9. Name and Address of Current	Registered Agent		T			0. Name an				stered A	gent		
CAN	TICO LOCE A			81	Name	RIE	STRA	, IO	SE	A.				İ
SANTISO, JOSE A							(P.O. Box N							
13021 S.W. 80TH ST.				_										
MIAMI FL 33183				83 50%			<u>.</u>							
			İ	84	City			_	,			85	Zip C	ode
										Aba arras	FL		na ita r	anistared
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m famillar with, and accept the obligat	of Florida. Such change was aut	horized	ז עם	the corpo	oration's	board of dire	ectors. I h	ereby a	ccept the	appoint	ment	as regi	istered
SIGNATURE		(() () () ()					en reinstating)				ATE			
42	Signature, typed or printed name of registered agent		13.	rigen	syliatile i	edoneo wie	ADDITION	S/CHAN	GES TO			DIRE	CTOF	RS IN 12
12.	PD	☐ DELETE	1.1 TIT	 LE		Τ	7,00711011			-		Ch		Addition
NAME	SILVESTRE, JOSE P		1.2 NA											
STREET ADDRESS	ALLO DISCOUNT OF THE COLUMN			1.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33193	***	1.4 CIT											,
TITLE	VD DELETE		2.1 TITLE									Ch:	ange	Addition
NAME	RIESTRA, JOSE A		2.2 NA	ME						•				
STREET ADDRESS	13021 S.W. 80TH ST.		•		ADDRESS									
CITY-ST-ZIP	MIAMI FL 33183		2.4 CT			1			-					l l
TITLE	DELETE		3.1 TIT									Ch	ange	☐ Addition
NAME			3.2 NAME											
STREET ADDRESS			3.3 STI	REET	ADORESS									
CITY-ST-ZIP			3.4. CF	TY-51	T-ZIP									
TITLE	DELETE 4.1		4.1 TIT	4.1 TITLE								Ch.	ange	☐ Addition
NAME			4. 2 NA	ME		1								
STREET ADDRESS			4.3 STI	REET	ADDRESS	İ								
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP									
TITLE		☐ DELETE	5.1 TIT	LE								Ch	ange	☐ Addition
NAME			5.2 NA	ME					•					
STREET ADDRESS			53 ST	REET	ADDRESS									
CITY-ST-ZIP			5.4 CIT		-ZIP									<u></u>
TITLÉ		☐ DELETE	6.1 TIT	LΕ								Ch	ange	☐ Addition
NAME			6.2 NA	ME										

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 of 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 of the corporation of 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 chapter 607, or one a attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS,

CITY-ST-ZIP

TOSE PUBLO
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR