**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000033687 1. Corporation Name

SUPPLIERS GROUP, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90185 035 \*\*\*150.00



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Principal Place of Business Mailing Address								
1408 NW 82 AVE 1408 NW 82 AVE MIAMI FL 33126 MIAMI FL 33126					·			
TE SOLES					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					04/13/1998		<del></del>	
	ace of Business	2a. Mailing Address	] (	Q = 1	4. FEI Number		Applied For	
21 1488		26 1488 Colon	AOO	rona	65-0827452		Not Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State City & State				1	6. Election Campaign Financing \$5.00 May Be			
23 We	slon - Hlorida	28 Weston -		RICA	Trust Fund Contribution	Added	d to Fees	
Zip	Country	Zip	Country	ا ا	8. This corporation owes the current year I		⊠No	
24 333		29 33327 30	DE	oward	Personal Property Tax.	Yes	ZNO	
	9. Name and Address of Current	Registered Agent	04		10. Name and Address of New Registere	a Agent		
81				Name				
MENESES, LEOPOLDO 1408 NW 82 AVE				Street Add	dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33126			83			-		
			84	City	F	85 Zip	p Code	
11 Pursuant	to the provisions of Sections 607 0502	and 607,1508, Florida Statutes,	the abov	e-named con	poration submits this statement for the purpose	of changing i	its registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	์ Florida. Such change was autก	iorizea by	the corporati	ion's board of directors. I hereby accept the app	ointment as	registered	
SIGNATURE					ed when reinstating) DATE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable. (NOTE: Registered Agent and title if applicable.)				ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12	
12.		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO CITICENS	☐ Change		
TITLE	D Meneses, Leopoldo		1.2 NAME			- •		
NAME				TADORESS				
STREET ADDRESS				- 1				
CITY-ST-ZIP	MIAMI FL 33126	DELETE	1.4 CITY-S 2.1 TITLE	- II-ZIP		Change	e Addition	
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CITY-ST-ZIP			2.4 CfTY-5 3.1 TITLE	51-219		☐ Change	e Addition	
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STREET ADDRESS			1	TADDRESS				
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TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			C. Oriong		
NAME				TADORESS			}	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	11-ZIP	-	 Change	e Addition	
TITLE		☐ DELETE			·			
NAME			6.2 NAME				ļ	
STREET ADDRESS			6.3 STREE	T ADDRESS			]	

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 suppliemental 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 of true test impowered 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 attactment with a address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED VAME OF SIGNING OFFICER OR DIRECTOR