

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 # P98000049988			
1. Corporation Name SUPET INDUSTRIAL SUPPLIES, INC.			
Principal Place of Business 5740 N.W. 199 St. Miami, FL 33015		Mailing Address Same	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified June 4, 1998	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25	26	27	28
2a. Mailing Address		4. FEI Number 65-0841302	
26 Suite, Apt. #, etc.	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30	31	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Amerilawyer 343 Almeria Avenue Coral Gables, Florida 33134		81 Name Spiegel & Utrera, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue 83 Coral Gables, Florida 33134 84 City FL 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 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 provisions of Section 607.0505, Florida Statutes.			
SIGNATURE By: <u>Spiegel & Utrera, P.A.</u> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan G. Leon	12 NAME	
STREET ADDRESS	5740 N.W. 119 St.	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	14 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith G. Perez	22 NAME	
STREET ADDRESS	5740 N.W. 199 St.	23 STREET ADDRESS	4000002929634--E
CITY-ST-ZIP	Miami, FL 33015	24 CITY-ST-ZIP	-07/13/99--01029--002
TITLE	<input type="checkbox"/> DELETE	31 TITLE	****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

FILED
99 JUL 12 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (1-98)

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