FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 FILED **PROFIT** FLORIDA DEPARTMENT OF STATE May 06, 1999 8:00 am CORPORATION **Katherine Harris Secretary of State** ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 05-06-1999 90019 041 ***150.00 DOCUMENT # 19800061269 MARCIALES MULTISUPPLIES CORP. ı imallı dibin İslah İslil İsalə İtalə İsli İsal 498729 - 90019 - 41 Principal Place of Business Mailing Address 5500 West 21 Court P.O. Box 141045 #301 CORALGABLES, Fl.33114 DO NOT WRITE IN THIS SPACE HialeaH, FL. 33016 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 26 P.O. BOX 1410 4-5 4. FEI Number Applied For 5500 W 21 Ct #301 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be HialeaH, FL COPALGABLES, FL. 28 Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible 33114 USA Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHARLES AllAN ROSS MARCIALES) RLANDO 3485 S.W. 41 St Street Address (P.O. Box Number is Not A 82 PEMBROKE PARK, FL. 33023 83 Zip Code 33 0/6 84 City Hlalealt 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 obligations of, Section 607.0505, Florida Statutes. 04-21-99 ORlando MARCIALES - PRESIDENT. SIGNATURE gent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE 1.1 TITLE □ Change ☐ Addition PRESIDENT 1.2 NAME CR2E034 ORlando MARCIALES 1.3 STREET ADDRESS 5500 W 21Ct #301 Halea H.Fl. 33016 1.4 CITY-ST-ZIP OELETE Change Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change □ Addition 4.1 TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE

URLANDO MARCIALES

WHEN AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-99

305-710-473

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