Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 033 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000069433

1. Corporation Name

AAA SUPPLIES EQUIPMENT AND CHEMICALS, INC.

Principal Place of Business . Mailing Address					E 10E110E1 DIE 10E100 110 LE 10E1 100 11 LE 10E1 100 11 LE 10E1 10	.18 (119) (119)	11144 1111 1001
7225 N.W. 25TH ST SUTIE 209 MIAMI FL 33322		7225 N.W. 25TH ST Sutte 209 Miami Fl 33322		DO NOT WRITE IN THIS SPACE			
,					3. Date Incorporated or Qualifed		
	·			·	08/10/1998		
2. Principal Pl	ace of Business  NW 25 fh 8 f	2a. Mailing Address 26 7225 NW	25th	57	4. FEI Number 08 16 477	Not	plied For t Applicable
Suite Apt	#_etc. 6 307	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State  City & State  28 MIAMI			<u> </u>	6. Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	
Zip Country Zip 224 FC 33/22 25 29 33/22 33			Country		This corporation owes the current year     Personal Property Tax.	Intangible  Yes	À No
9. Name and Address of Current Registered Agent			81		10. Name and Address of New Registere	d Agent	
FRIEDEBERG, HERMAN				Name			
7225 N.W. 25TH ST			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	·	
SUTIE 209			83				
MIAMI FL 33322			84	City		. 85 Zip C	Code
1		•	1	-	<b>__</b>		
f office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati	f Florida. Such change was autr	ionzed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap-	of changing its pointment as rec	registered gistered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·	NOTE D			d when reinstation) 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.)  12. OFFICERS AND DIRECTORS				it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TILE T	PD	DELETE	1.1 TITLE		7,007,000	☐ Change	Addition
NAME	FRIEDEBERG, HERMAN	1.		Ì			į
STREET ADDRESS			1,3 STREET	ADORESS			
Crty-ST-ZIP	MIAMI FL 33322		1.4 CITY-S	T-ZIP			
TITLE	SD	☐ DELETE 2				☐ Change	☐ Addition
NAME	FRIEDEBERG, SUSAN		2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI_FL_33322		2. 4 C/TY-ST-ZIP				
III/E	·	☐ DELETE	3.1 TITLE	}		☐ Change	Addition
NAME	e e	e week	3.2 NAME			•	
STREET ADDRESS	DRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			Addition
TITLE	•	☐ DELETE	4.1 TITLE	-		Change	☐ Muddigil
NAME	· 		4.2 NAME	}			
STREET ADDRESS	•		4.3 STREE	FADDRESS			

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 arch an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

51 TIDE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: 2

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

HE SAUIMED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

☐ Change

☐ Change

Addition

Addition