PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000092406 1. Corporation Name

SUPPLY SERVICES INC.

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Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90253 016 ***150.00

Principal P ace	e of Business	Mailing Address				01 04 14 01#4 04 04	O(II OCIII ODIIO I	OTER ISON OFFI	1
1725 S.W. E2NI		8567 CORAL WAY							
MIAMI FL 33155		#273			DO NOT WRITE IN THIS SPACE				
		MIAMI FL 33155			3 Date luc	corporated or Qualifed		- ACE	
					10/30	•			\
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Nun			A	pplied For
21		26			65	- 087631	65	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				te of Status Desired		\$8.75	Additional
22		27		J. Certifical	te of Status Desired			lequired	
City & State		City & State			Campaign Financing			May Be	
23		28				and Contribution		_	to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No				
24	9. Name and Address of Curren	29 Agent	30			and Address of New I	Registered A		Z (110
	3. Name and Address of Curren	Kegistered Agent	81	Name			. togiotori u i	.9.	
GIRA	AL, GUSTAVO J				 		11.		
1725 S.W. 82ND COURT			82	Street	t Address (P.O. Bo)	Number is Not Accept	able)		
MIAN	Al FL 33155		83						
			-	City				as 7in	Code
			84	City			FL	85 Zip	Code
11. Pursua nt	to the provisions of Sections 607.050	and 607.1508, Florida Statu	tes, the abov	e-named	d corporation submits	this statement for the	purpose of o	changing its	s registered
office or re agent, I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, FI:	autnorized by orida Statute:	the corp 3.	poration's board of di	rectors, i hereby acce	pt the appoin	unent as n	cyistered
SIGNATUF:E	· · · · · ·								
	Signature, typed or printed name of registered age			nt signature	required when reinstating)	VIEW TO TO OF	DATE	D DIDEOT	0110 111 40
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIO	NS/CHANGES TO OF		I DIRECTO	
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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 on 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP