

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03345** (3)

1. Corporation Name
145 BUILDING SUPPLY, INC.



Principal Place of Business: **2225 NW 70 AVE MIAMI FL 33122**
Mailing Address: **2225 NW 70 AVE MIAMI FL 33122**

3. Date Incorporated or Qualified 10/02/1990	3a. Date of Last Report 02/08/1995
4. FEI Number 65-0276362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 1326-28 N.W. 78th Ave.	2a. Mailing Address 1326-28 N.W. 78th Ave
22. City & State Miami, Florida	27. City & State Miami, Florida
23. Zip 33126	28. Country USA
24. 33126	29. 33126
25. USA	30. USA

9. Name and Address of Current Registered Agent
**ACHA, MANUEL ROMERO
11200 S.W. 145TH AVENUE
MIAMI FL 33186**

81. Name Romero-Sanchez, Manuel
82. Street Address (P.O. Box Number is Not Applicable) 11261 S.W. 149 Place
83. City Miami
84. State FL
85. Zip Code 33196

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 furnished with, and accept the obligations of, Section 607.0609, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME P ROMERO-SANCHEZ, MANUEL	<input type="checkbox"/> DELETE	13.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 STREET ADDRESS CALLE NAPOLES #5 GUAYNABO PR		13.2 NAME 11261 S.W. 149 PL.	
12.3 CITY-STATE-ZIP MIAMI FL		13.3 STREET ADDRESS Miami FL 33196	
12.4 NAME T MELENDEZ, RAMON	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 STREET ADDRESS 14986 SW 113 ST MIAMI FL		13.5 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME S FERNANDO, OTERO	<input type="checkbox"/> DELETE	13.6 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 STREET ADDRESS CALLE NAPOLES #5 GUAYNABO PA		13.7 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.8 NAME VP MELENDEZ, MARISOL	<input type="checkbox"/> DELETE	13.8 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 STREET ADDRESS 14986 SW 113TH ST MIAMI FL		13.9 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME VP MEJIA, MILAGROS	<input type="checkbox"/> DELETE	13.10 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 STREET ADDRESS 11261 SW 149TH PLACE MIAMI FL		13.11 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.12 NAME <input type="checkbox"/> DELETE		13.12 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 STREET ADDRESS <input type="checkbox"/> DELETE		13.13 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME <input type="checkbox"/> DELETE		13.14 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.15 STREET ADDRESS <input type="checkbox"/> DELETE		13.15 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.16 CITY-STATE-ZIP <input type="checkbox"/> DELETE		13.16 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, if 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.

SIGNATURE: *Milagros R. Mejia (W.P.)* **Milagros R. Mejia (W.P.)** 1/30/96 (305) 594-3886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Contact Phone #

CR2E034 (12/95)