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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$17829

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OLIMAR SUPPLY CORP.

Principal Place of Business Making Address

6200 NW 72ND AVENUE 6200 NW 72ND AVENUE



6200 NW 72ND AVENUE MIAMI FL 33166 2. Principal Place of Business			6200 NW 72ND AVENUE MIAMI FL 33166 2a. Mailing Address				3. Date incorporated or Qualified 12/05/1990		3a. Date of Last Report 01/19/1995		
							4. FEI Number		Applied For Not Applicable		
		26	D. V. A.A. II. aka				65-0242655		\$8		Additional
Suite. Apt. #,	etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		· -		quired
City & State			City & State				6. Election Campaign Financing		\$5	5.00	May Be
Oity & Oitto		28	•				Trust Fund Contribution				to Fees
Zip	Country		Zip	Cour	n:ry		This corporation has liability f	or intang	jible tax unde	ers 1	99.032,
	25	29		30			Florida Statutes 7	es 🔲			
	9. Name and Address of Curre	nt Regist	tered Agent		01	Name	10. Name and Address of Nev	negie	ining Affects		
Oliva				i	1						
-GARGIA,					82	Street Addre	ess (P.O. Box Number is Not Accep	table)			
	72ND AVENUE			ŀ	83						
MIAMI FL	L 33166			ļ					1	7:0	Cado
					84	City			FL 85	ZIP	Code
	signature, typed or printed name of registered agri			NOTE: Registered	Agent	signature required	d when reinstating: ADDITIONS/CHANGES TO C		DATE S AND DIRE	.CTOF	RS IN 12
2. 	OF HOERS AF	ND DIREC	DELETE	1.11	131 F		ADDITIONS/OFFINIOES TO C	JI TIOLIT	☐ Cha		Addition
l i F	PD		L posterio								
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1	OLIVA, ALFREDO SR			1.2 No 1.3 S	AME	ADDRESS					
HEET AFFORESS	OLIVA, ALFREDO SR 6200 NW 72ND AVENUE			1.3 \$	AME	Ì					
HEET ADORESS TY-ST-ZIF	OLIVA, ALFREDO SR		☐ DELETE	1.3 \$	AME TREET A HTY-ST	Ì			Cha	ange	☐ Addition
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4. 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 unde oath; that I am an officer or director of the comparation 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 on an attachment with an address.

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