

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 MAR -1 AM 11: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S26994 (1)**

1. Corporation Name
INDUSTRIAL VALVE SUPPLY CORPORATION

Principal Place of Business: **6202 WEST 21 COURT HALEAH FL 33016**
Mailing Address: **P.O. BOX 650550 MIAMI FL 33205** } *correct*

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/24/1991**
3a. Date of Last Report: **08/10/1994**
4. FEI Number: **65-0241613**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 PO BOX 650550**
Suite, Apt. #, etc.: **27**
City & State: **28 MIAMI FL**
Zip: **24 33205** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent
MUNOZ, CARLOS
14670-SW-28-ST. *Remove.*
MIAMI FL 33185

10. Name and Address of New Registered Agent
81 Name: **Francisco Alejandro Munoz, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **6202 W 21 CT**
83
84 City: **Hialeah** FL 85 Zip Code: **33016**

11. Pursuant to the provisions of Sections 607.002 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, Sections 607.002, 607.003, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **02-28-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, CARLOS
STREET ADDRESS	14670-SW-28-ST.
CITY-ST-ZIP	MIAMI-FL-33185
TITLE	PD
NAME	FRANCISCO ALEJANDRO MUNOZ JR
STREET ADDRESS	6202 W 21 CT
CITY-ST-ZIP	Hialeah, FLORIDA 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Remove
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOLE OFFICER
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500001419465
4.3 STREET ADDRESS	-03/02/95--01068--017
4.4 CITY-ST-ZIP	*****208.75 *****208.75
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>[Signature]</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *[Signature]* DATE: **02-28-95** **305-557-4232**