


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90052 011 \*\*\*150.00



| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |                          | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|---|--------------------------|--|--|
| <b>DOCUMENT # S54490</b>  |                          |  |  |
| 1. Corporation Name<br><b>M. A. C. SUPPLY, INC.</b>   |                          |  |  |
| Principal Place of Business<br><b>11200 SW 159TH ST.<br/>MIAMI FL 33157<br/>US</b>  |                          | Mailing Address<br><b>11200 SW 159TH ST.<br/>MIAMI FL 33157<br/>US</b>   |  |
| 2. Principal Place of Business<br><b>21 1375 N.W. 97 Av.Ste.5</b><br>Suite, Apt. #, etc.  |                          | 2a. Mailing Address<br><b>26 1375 N.W. 97 Av.Ste.5</b><br>Suite, Apt. #, etc.  |  |
| 22 City & State<br><b>23 MIAMI, FL</b>  |                          | 27 City & State<br><b>28 MIAMI, FL</b>   |  |
| 24 Zip<br><b>33172</b>  |                          | 29 Zip<br><b>33172</b>   |  |
| 25 Country<br><b>USA</b>  |                          | 30 Country<br><b>USA</b>   |  |
| 9. Name and Address of Current Registered Agent<br><b>CARRANZA, MARCOS<br/>11290 SW 159TH ST.<br/>MIAMI FL 33157</b>  |                          |  |  |
| 10. Name and Address of New Registered Agent<br><b>81 Name</b><br><b>82 Street Address (P.O. Box Number is Not Acceptable)</b><br><b>83</b><br><b>84 City</b> <b>FL</b> <b>85 Zip Code</b>  |                          |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes. |                          |  |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |                          |  |  |
| 12. OFFICERS AND DIRECTORS  |                          |  |  |
| TITLE   | PD                       | <input type="checkbox"/> DELETE  |  |
| NAME  | CARRANZA, MARCOS         |  |  |
| STREET ADDRESS  | 11290 SW 159TH ST.       |  |  |
| CITY-ST-ZIP   | MIAMI FL                 |  |  |
| TITLE   | TD                       | <input type="checkbox"/> DELETE  |  |
| NAME  | CARRANZA, MIRIAM         |  |  |
| STREET ADDRESS  | 11290 SW 159TH TERR      |  |  |
| CITY-ST-ZIP   | MIAMI FL                 |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  |  |
| NAME  |                          |  |  |
| STREET ADDRESS  |                          |  |  |
| CITY-ST-ZIP   |                          |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  |  |
| NAME  |                          |  |  |
| STREET ADDRESS  |                          |  |  |
| CITY-ST-ZIP   |                          |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  |  |
| NAME  |                          |  |  |
| STREET ADDRESS  |                          |  |  |
| CITY-ST-ZIP   |                          |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |                          |  |  |
| 1.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 1.2 NAME  |                          |  |  |
| 1.3 STREET ADDRESS  |                          |  |  |
| 1.4 CITY-ST-ZIP   |                          |  |  |
| 2.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 2.2 NAME  |                          |  |  |
| 2.3 STREET ADDRESS  |                          |  |  |
| 2.4 CITY-ST-ZIP   |                          |  |  |
| 3.1 TITLE   | V/D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| 3.2 NAME  | CARRANZA, CARLOS ROBERTO |  |  |
| 3.3 STREET ADDRESS  | 11290 SW 159TH ST.       |  |  |
| 3.4 CITY-ST-ZIP   | MIAMI, FL. 33157         |  |  |
| 4.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 4.2 NAME  |                          |  |  |
| 4.3 STREET ADDRESS  |                          |  |  |
| 4.4 CITY-ST-ZIP   |                          |  |  |
| 5.1 TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 5.2 NAME  |                          |  |  |
| 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Marco Carranza** President

**04/19/99**

**(305) 594 4052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0230347