

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91742

1. Corporation Name

R & R INDUSTRIAL SUPPLY, INC.

Principal Place of Business

7075 NW 74TH ST
BAY A
MEDLEY, FL 33166
US

Mailing Address

5790 N.W. 194TH TERRACE
HIALEAH FL 33015

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90081 017 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1991

4. FEI Number

65-0293196

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 owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RODRIGUEZ, LUCIANO --~~
~~5790 NW 194TH TERRACE --~~
~~HIALEAH FL 33015 -----~~

81 Name

ROBIN RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

5790 NW 194TH TERRACE

83

84 City

HIALEAH, FL.

FL

85 Zip Code

33015

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME RODRIGUEZ, LUCIANO --
STREET ADDRESS 5790 NW 194TH TERRACE --
CITY-ST-ZIP HIALEAH FL -----

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME LUCIANO RODRIGUEZ 111
1.3 STREET ADDRESS 7075 NW 74TH STREET
1.4 CITY-ST-ZIP MEDLEY, FL. 33166

TITLE D ☐ DELETE
NAME RODRIGUEZ, ROBIN
STREET ADDRESS 5790 NW 194TH TERRACE
CITY-ST-ZIP HIALEAH FL

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME NICHOLAS SBROCCO
3.3 STREET ADDRESS 14725 SW 174TH STREET
3.4 CITY-ST-ZIP MIAMI, FL. 33187

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME EDWARD D ELLIOTT
4.3 STREET ADDRESS 5329 NW 188th STREET
4.4 CITY-ST-ZIP MIAMI, FL. 33055

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)