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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT F STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortium

Secretary of Start DIVISION OF CORPORATIONS

DOCUMENT # V61821

(7)

**ORLY SUPPLIES INCORPORATED** 

	UPPLIES INCORPONATED				*****				
Principal Place of Business 2868 NW 72 AVE MIAMI FL 33122 US		Maring Address 2868 NW 72 AVE MIAMI FL 33122-1310 US							1881
						3. Date Incorporated or Qualified (	3a. Date of La 09/09/199		1
2. Prei அவச் 21	cuce of Business	2a. Mailing Address 26				4. FEI Number 65-0350840	<b>X</b>	Applied Not Ap	• • • • • • • • • • • • • • • • • • • •
Suite Apr. #, etc.		Suite, Apt. #, etc			,,	5. Certificate of Status Desired S8.75 Additional Fee Required			tional
City & State	p.	City & State				B. Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Ziji) 24]	Country 25	Zip	Cour	ntry		8. This corporation has liability for inta	<del></del>		
<del></del>	9. Name and Address of Current	- house	<u> </u>			10. Name and Address of New Regis			
PADI	ILLA-LOPEZ, C. JEANNETTE			61	Name				
1814	12 NW 19 ST. BROKE PINES FL 33029		-	62	Street Add	ress (P.O. Box Number is Not Acceptable)			
rem	DRUKE FINES FL 33028			83		He from the state of the state			
				84	City		FL 85	Zip Code	а
official re	to the provisions of Sections 607,0502 egistered agent, or both in the State or familiar with and accept the obligat	f Florida. Such change was a lons of, Section 607,0505, Flo	uthorized rida Statu	i by utes	the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the red when remssating)	oose of changii he appointmen	ng its reg t as regis	gistered stered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER		TORS IN	l 12
THE	PC	DELFTE	1.1 TITI	LE		A STATE OF THE STA	Char		Addition
NAM:	PADILLA-LOPEZ, C. JEANNETTE		1.2 NAI	ME					
STREET ADDRESS:	18142 NW 19 ST.		1.3 STF	REET ,	address				
0.174 51 716	PEMBROKE PINES FL 33029	DELETE	1.4 CIT		1-21P	NT-11-11-1			1
THE	LOPEZ, ERICH L	DELETE	2.1 Tiff				∟ Char	1 <b>9</b> e ∐	Addilion
NAME :	18142 NW 19 ST.		2.2 NA		1000000				
514(41,400)4455	PEMBROKE PINES FL 33029		1		ADDRESS				
DIPY+51+7#*	TEMPTOTE THEO TE GOOD	DELETE	2. 4 C(1 3.1 T(1)		1 - 2119		Char	10e	Addition
NAME		_	3.2 NAI				-	• _	
STHEEL ASSUMESS			3.3 STF	REET /	ADORESS				
(i) Y 82 - 722			3.4 CI1	TY-S	T-ZIP				
1:FF		DELETE	4.1 TITI	LΕ			☐ Char	ige 🔲	Addition
HAM:			4. 2 NA	ME					
STHEFT ALIGNESS			4.3 STF	REET	ADDRESS				
City St. 7 P		- Arrest	4.4 CIT		r-ZIP	***************************************			
Tillef		☐ OELETE	5.1 TITO				L Char	ige []	Addition
NAME			5 2 NAM						
5186-1 ADDRES/					ADORESS				
<u>:01Y_51-7</u> -1 -14H		DELETE	5.4 CIT 6.1 TITI		1-214		☐ Char	nge	Addition
NAME		******	6.2 NAM				LJ ORG	ن ہو۔	,
STREET ADDRESS					ADDRESS				
CHY SI-Z:			64 CIT						ļ
14 Later be 60	by certify that the inforgation supplied in increated on this and altreport or se	with this filing does not qualify	for the c	SVAL	nntion etator	d in Section 119.07(3)(i), Florida Statutes. I	further certify t	that the	ath: that
Laman of appears in	theer or director of the equiporation or to block 12 or Blook Valid changed, or o	ne receiver of trustee empoyen an attablyment with an add	ered to ex ress.	xecu	ute this repor	t my signature shall have the same legal eff rt as required by Chapter 607, Florida Statu	utes; and that r	ny name	raiii, ilidil