

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L82053** (4)  
1. Corporation Name  
**1003 SUPPLY INTERNATIONAL, INC.**



Principal Place of Business: **2618 N.W. 72ND AVENUE MIAMI FL 33122**  
Mailing Address: **2618 N.W. 72ND AVENUE MIAMI FL 33122**

3. Date Incorporated or Qualified: **06/21/1990**      3a. Date of Last Report: **06/22/1995**  
4. FEI Number: **65-0202996**      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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**COMBALUZIER, GEORGE L  
2112 COUNTRY CLUB PRADO  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81 Name: **William Paul**  
82 Street Address (P.O. Box Number is Not Acceptable): **2618 NW 72ND AVE**  
83  
84 City: **Miami** FL 85 Zip Code: **33122**

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: *William Paul* **William Paul, President** DATE: **4-30-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GILLY, CARLOS	
STREET ADDRESS	2618 NW 72 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TAVIO, NOMAR	
STREET ADDRESS	2618 NW 72 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TAVIO, ORLANDO	
STREET ADDRESS	2618 N.W. 72ND AVE.	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	PAUL, WILLIAM	
STREET ADDRESS	2618 N.W. 72 AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
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

11 TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William Paul	
13 STREET ADDRESS	2618 NW 72ND AVE	
14 CITY-ST-ZIP	MIAMI, FL 33122	
21 TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NOMAR TAVIO	
23 STREET ADDRESS	2618 NW 72 AVE	
24 CITY-ST-ZIP	MIAMI, FL 33122	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	700001829917	
54 CITY-ST-ZIP	-05/20/96--01058--034	
61 TITLE	***200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 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 on an attachment with an address.  
SIGNATURE: *William Paul* **William Paul, President** DATE: **4-30-96** (305) 477-8677  
SG 5-1-96

CR2E034 (12/95)