

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **316107** (2)

MASON DISTRIBUTORS, INC.



Home Office Address: **5105 N.W. 159 ST HIALEAH FL 33014**
Mailing Address: **5105 N.W. 159 ST HIALEAH FL 33014**

2 Principal Office of the Corporation
21 State, April 1st
22 City and State
23 Country
24 Name and Address of Current Registered Agent
25 Country
26 Mailing Address
27 State, April 1st
28 City and State
29 Zip
30 Country

**RODRIGUEZ, CARLOS J.
7015 GLENEAGLE DRIVE
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **04/24/1967**
3a. Date of Last Report: **04/03/1995**
4. FFL Number: **59-1260850** (Apply 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. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number or Not Applicable
83
84 City
85 Zip Code
FL

11. I, the undersigned, the president of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office to the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent of said corporation, and I accept the liability imposed by Section 607.0405, Florida Statutes.

12. OFFICERS AND DIRECTORS (List Name, Title, and Address of each officer and director.)

12.1 P (OFFICER) **RODRIGUEZ, CARLOS J.
7015 GLENEAGLE DRIVE
MIAMI LAKES FL**
12.2 S (DIRECTOR) **RODRIGUEZ, JUANA
7015 GLENEAGLE DRIVE
MIAMI LAKES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:
13.1 (OFFICER) Change Addition
13.2 (DIRECTOR) Change Addition
13.3 (OFFICER) Change Addition
13.4 (DIRECTOR) Change Addition
13.5 (OFFICER) Change Addition
13.6 (DIRECTOR) Change Addition
13.7 (OFFICER) Change Addition
13.8 (DIRECTOR) Change Addition
13.9 (OFFICER) Change Addition
13.10 (DIRECTOR) Change Addition

14. I, the undersigned, certify that the information given in this filing is accurate, true and correct, and that I am not a disqualified person under Section 119.042, Florida Statutes. I further certify that the information given in this filing is accurate, true and correct, and that my signature shall have the same legal effect as if made under oath. I understand that the corporation is liable for any and all penalties imposed to ensure the report as required by Chapter 607, Florida Statutes, and that my name appears on the public record of this filing.

SIGNATURE: *Juana D. Rodriguez* - **Juana D. RODRIGUEZ** 1-19-96 (305) 624-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)