PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 394596

1. Corporation Name

BORGES DISTRIBUTORS, INC.

Principal Place of Business

2444 W. 8TH AVE. HIALEAH FL 33010 Mailing Address

2444 W. 8TH AVE. HIALEAH FL 33010

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90010 017 ***150.00



				DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 01/26/1972			
2. Principal P	Place of Business	2a. Mailing Address	_	4. FEI Number	Apr	plied For	
21 7860	2 NW 62 ST	26 7860 NI	w 62°	59-1380421	Not	t Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	i	
City & Stat	te _	City & State		6. Election Campaign Financing	*	<u> </u>	
23 M i A	MI.FL.	28 MIAMI.	FL.	Trust Fund Contribution	\$5.00 i Added to		
Zip	Country	Zip	Country	8. This corporation owes the current year		21.000	
24 33 1	66 25 U.S.A.	29 33166 30	S.A.)ن 🖟	Personal Property Tax.		ENo	
	9. Name and Address of Current	<u> </u>	1	10. Name and Address of New Registere			
RIVAS, ANTONIO							
3230 SW 133TH AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33175							
				#11 11 0F 1-11 VIII.			
			84 City	F	85 Zip C	ode	
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 ONTO: AN TONIO RIUAS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR		
TITLE	Р	☐ DELETE	1.1 TITLE	V P	Change	Addition	
NAME	RIVAS, ANTONIO		1.2 NAME	RIVAS, VIRGINIA		_	
STREET ADDRESS	3230 SW 133TH AVENUE		1.3 STREET ADDRESS	3230 SW 133 AVE		İ	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HIAMI . FL . 33175		Ì	
TITLE	VP	X DELETE	2.1 TITLE	T	☐ Change	Addition	
NAME	BORGES, JULIO S.		2.2 NAME		, crange	M / ladinon	
STREET ADDRESS	13371 SW 41ST LN		2.3 STREET ADDRESS	ANTONIO A. RIUAS.		ĺ	
CITY-ST-ZIP	MIAMI, FL 00000	,		3230 SW 133 AVE,			
TITLE	T	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change	Addition	
NAME	RIVAS, VIRGINIA	- Deterie	3.2 NAME	5	change	Accident	
STREET ADDRESS	3230 SW 133TH AVENUE			ADRIAN A. RIVAS.			
i	MIAMI FL		3.3 STREET ADDRESS	3230 SW 133 AVG			
CITY-ST-ZIP TITLE	S	™ DELETE	3.4, CITY-ST-ZIP 4.1 TITLE	miami. FL. 33175.	☐ Change	Addition	
NAME	BORGES, JULIO C.	CA DELETE	4.1 NILE 4.2 NAME		☐ Change	[_] Addition	
STREET ADDRESS	5516 SW 148TH CT.		4.3 STREET ADDRESS			Ì	
	MIAMI FL						
CITY-ST-ZIP TITLE	man I C	☐ DELETE	4.4 CITY-ST-ZiP 5.1 TITLE		☐ Change	Addition	
NAME		DECE / E	5.2 NAME		□ cuinge	L Vagueou	
STREET ADDRESS		j	5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
ł		C) DECEIE	6.2 NAME		Cuange		
NAME						Î	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP			1	

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.