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

PROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2000

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

FILED
00 APR 24 PM 3:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 394596

1. Corporation Name
BORGES DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
144 W. 8TH AVE. HIALEAH FL 33010	2444 W. 8TH AVE. HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1972

2. Principal Place of Business	2a. Mailing Address
7860 NW 62 ST	26 7860 NW 62 ST
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State: MIAMI. FL.	28 City & State: MIAMI. FL.
Zip: 33166 Country: 25 U.S.A.	Zip: 29 33166 Country: 30 U.S.A.

4. FEI Number: 59-1380421 ☐ 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

RIVAS, ANTONIO
3230 SW 133TH AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: Antonio Rivas. ANTONIO RIVAS DATE: 4/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	VP ☒ Change ☐ Addition
NAME	RIVAS, ANTONIO		1.2 NAME	RIVAS, VIRGINIA
STREET ADDRESS	3230 SW 133TH AVENUE		1.3 STREET ADDRESS	3230 SW 133 AVE
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI. FL. 33175
TITLE	VP	☒ DELETE	2.1 TITLE	T ☐ Change ☒ Addition
NAME	BORGES, JULIO S.		2.2 NAME	ANTONIO A. RIVAS.
STREET ADDRESS	13371 SW 41ST LN		2.3 STREET ADDRESS	3230 SW 133 AVE.
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MIAMI. FL. 33175
TITLE	T	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME	RIVAS, VIRGINIA		3.2 NAME	ADRIAN A. RIVAS.
STREET ADDRESS	3230 SW 133TH AVENUE		3.3 STREET ADDRESS	3230 SW 133 AVE
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI. FL. 33175.
TITLE	S	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BORGES, JULIO C.		4.2 NAME	600003258516--2
STREET ADDRESS	5516 SW 148TH CT.		4.3 STREET ADDRESS	-05/19/00--01008--007
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Antonio Rivas. ANTONIO RIVAS 4/20/00 305 468 9090.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #