

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
600 South Bay Street
Tallahassee, Florida 32301
904-912-2000

APPROVED
5/1/95

DOCUMENT # **592472**

(5)

05/01/1994 9:57

ARSAN DISTRIBUTING COMPANY

800 SOUTH BAY STREET
TALLAHASSEE, FLORIDA

9121 S.W. 86TH STREET
MIAMI FL 33173

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MIAMI FL 33173

STATE OF FLORIDA DEPARTMENT OF STATE

| | | | | | | | | | | | | | |
|---|----|----|----|----|--------------------------|----|----|----|----|----|----|--|---------------|
| 2 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | |
| 3. Date of Registration | | | | | 10/24/1978 | | | | | | | 33. Date of Last Report | 05/01/1994 |
| 4. FID Number | | | | | 59-1859564 | | | | | | | Appraisal Fee | Fee Appraiser |
| 5. Certificate of Status Desired | | | | | <input type="checkbox"/> | | | | | | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution | | | | | <input type="checkbox"/> | | | | | | | \$5.00 May Be Added to Fees | |
| 7. This corporation has a valid business license for the State of Florida | | | | | <input type="checkbox"/> | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | | | | | | | |
|---|--|--|--|--|---|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | | | |
| BUCHBINDER & ELEGANT, P.A. 25 WEST FLAGLER ST. MIAMI, FL LP 33130 | | | | | 81 Name | | | | |
| | | | | | 82 Street Address of Office (For Member-Noted As Corporation) | | | | |
| | | | | | 83 | | | | |
| | | | | | 84 City, State | | | | |

11. Pursuant to the provisions of two chapters of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in the State of Florida Statutes and is authorized by the corporation's board of directors to execute and file this application as registered agent in compliance with the provisions of the Florida Statutes.

SIGNATURE: _____

| | | | |
|----------------------------|------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | 13. AUTHORIZED SIGNERS OF THE STATE REPORT | |
| PT | SANCHEZ, ARMANDO | | |
| 9121 S W 86TH ST | MIAMI, FL 00000 | | |
| SV | SANCHEZ, HILDA | | |
| 9121 S W 86TH ST | MIAMI, FL 00000 | | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in the Florida Statutes. I further certify that the above information is the annual report or supplemental annual report of this corporation 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 348, Florida Statutes, and that my name appears in Block 1 or Block 2 of this filing. I am an officer, director, or shareholder.

SIGNATURE: *Armando Sanchez*
ARMANDO SANCHEZ
5/1/95 (304) 271-1502