

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J40156** (8)

1. Corporation Name

ARCADIA DISTRIBUTION CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:01

Principal Place of Business

2600 S.W. 3RD AVENUE, STE. 601
MIAMI FL 33129

Mailing Address

2600 SW 3RD AVE
SUITE 601
MIAMI FL 33129
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1986

3a. Date of Last Report

01/25/1994

4. FET Number

59-2734466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PARLADE, ALBERTO J., ESQUIRE
3850 S.W. 87TH AVENUE
SUITE 207
MIAMI FL 33165

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

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

(Signature of person named in Block 9, registered agent and holder of decision)

(Signature of Registered Agent (signature required when registering))

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD
2. NAME	ROSENFELD, MIGUEL
3. STREET ADDRESS	5945 SW 134 STREET
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	T
6. NAME	ROSENFELD, MIGUEL
7. STREET ADDRESS	5945 S.W. 134 STREET
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032/Chapter 199, Florida Statutes. I further certify that this information included on this report is not a supplemental annual report in form and substance and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation in this document 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 of this report. I am not an officer or trustee with an address.

SIGNATURE:

(Signature and TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/7/95

(305) 285-7311