

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55587** (5)

1. Corporation Name  
**TR WHOLESALE DISTRIBUTORS, INC.**



Principal Place of Business: **7228 N.W. 79TH TER. MEDLEY FL 33166**  
Mailing Address: **7228 N.W. 79TH TER. MEDLEY FL 33166**

2. Principal Place of Business	2a. Mailing Address
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
9. Name and Address of Current Registered Agent	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>01/04/1989</b>	<b>04/14/1995</b>
4. FEI Number	Applied For
<b>65-0094269</b>	Not Applicable
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

**RIVERA, JUAN**  
**7228 NW 79TH TERRACE**  
**MEDLEY FL 33166**

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

11. Pursuant to the provisions of Sections 607.0170 or 607.1505, 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 consent of the Board of Directors. They hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0170, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETED
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	<b>↓ of Address ONLY</b>
1. NAME	
1.3 STREET ADDRESS	<b>920 N.W. 199TH TERRACE</b>
1.4 CITY-STATE-ZIP	<b>PEMBROKE PINES FL. 33029</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2.3 STREET ADDRESS	<b>920 N.W. 199TH TERRACE</b>
2.4 CITY-STATE-ZIP	<b>PEMBROKE PINES FL. 33029</b>
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is a true and correct copy of the exemption statement in Section 119.07(j)(k) Florida Statutes. I further certify that the information indicates I am the registered agent or supervisor for annual reports, true and fair copies of 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 partner or trustee, as empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of changed or to another current or former address.

SIGNATURE: *Juan A Rivera* *Juan A Rivera* 3/26/96 (305) 883-0697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)