

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K88105

(7)

1. Corporation Name

DIRECT DISPENSING, INC.

Principal Place of Business

10486 N.W. 31ST TERRACE
MIAMI FL 33172

Mailing Address

10486 N.W. 31ST TERRACE
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J.
1100 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

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, typed or printed name of registered agent. See instructions on page 1244.

(NOTE: For use by

Agent if signature previously submitted.)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	ARMENGOL, MIGUEL GARCIA	
STREET ADDRESS	10486 NW 31ST TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	LORIE, FELIPE	
STREET ADDRESS	10486 N.W. 31ST TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	VAN DER KWAST, HENRY	
STREET ADDRESS	10486 N.W. 31ST TERRACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11	NAME	☐ Change ☐ Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	
15	NAME	☐ Change ☐ Addition
16	NAME	
17	STREET ADDRESS	
18	CITY-STATE-ZIP	
19	NAME	☐ Change ☐ Addition
20	NAME	
21	STREET ADDRESS	
22	CITY-STATE-ZIP	
23	NAME	☐ Change ☐ Addition
24	NAME	
25	STREET ADDRESS	
26	CITY-STATE-ZIP	
27	NAME	☐ Change ☐ Addition
28	NAME	
29	STREET ADDRESS	
30	CITY-STATE-ZIP	
31	NAME	☐ Change ☐ Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-STATE-ZIP	
35	NAME	☐ Change ☐ Addition
36	NAME	
37	STREET ADDRESS	
38	CITY-STATE-ZIP	
39	NAME	☐ Change ☐ Addition
40	NAME	
41	STREET ADDRESS	
42	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and changed, or on an attachment with an address.

SIGNATURE:

Felipe Lorie
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE LORIE

3/27/96

(305) 477-8282

DATE

Telephone

CR2E034 (12/95)