FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00 FLORIDA DEPARYMIT OF STATE Jan 21 1998 8:00am CORPORATION Sandra B. Mitham ANNUAL REPORT Secretary of late Secretary of State DIVISION OF CORPATIONS 1998 **DOCUMENT #** K88105 (7)DIRECT DISPENSING, INC. Principal Place of Business Mailing Address 3123A NW 73 ST 3123A NW 73 ST MIAMI FL 33147 MIAMI FL 33147 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1989 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0131846 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 30 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HELLMAN, MAYNARD J. 1100 PONCE DE LEON BLVD. Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 34 City Zip Code 85 | 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, it overnamed 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 author 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 tes. Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Спапде Addition ARMENGOL, MIGUEL GARCIA NAME 32E034 3123 NW 73 ST ET ADDRESS STREET ADDRESS MIAMI FL -ST-ZIF CITY - ST - ZIP SVP DELETE TITLE Change Addition LORIE, FELIPE NAME 3123 NW 73 ST ET ADDRESS STREET ADDRESS MIAMI FL - ST - ZIP CITY-ST-ZIP DELETE TITLE Change Addition COLLAZO, MARIA NAME 3123 NW 73 ST ET ADDRESS STREET ADDRESS MIAMI FL -ST-ZIP CITY - ST- ZIP DELETE TITLE Change ___ Addition NAME T ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition I ADDRESS STREET ADDRESS ST-ZIP CITY - ST-ZIP DELETE TITLE Change Addition NAME , ADIDRESS STREET ADDRESS CITY-ST-7IP 14. I hereby certify that the information supplied with this filing does not qualify for the tion 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 1 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 the ecteport 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

FELIPE LORIE RE