


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91766 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000038735**
 1. Entity Name
MIGAND DISTRIBUTORS, INC.



90128507

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
681 N.W. 108 St.
 Suite, Apt. #, etc.

3. Mailing Address
681 NW 108 St.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL.

City & State
MIAMI, FL.

4. FEI Number
65-0503990

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33168 Country

Zip
33168 Country

DO NOT WRITE IN THIS SPACE

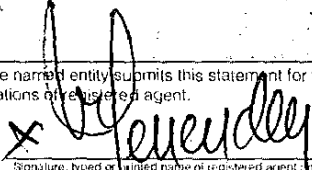
7. Name and Address of Current Registered Agent

Name
JOSE L. MENENDEZ

Street Address (P.O. Box Number is Not Acceptable)
681 NW 108 St.

City
MIAMI FL Zip Code
33168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of a registered agent.

SIGNATURE  **JOSE L. MENENDEZ** **APRIL 29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

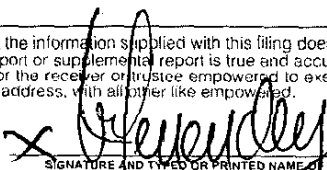
January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE DIRECTOR	TITLE
NAME MENENDEZ, ABEL	NAME
STREET ADDRESS 7465 S. WATERWAY DR	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL. 33155	CITY-ST-ZIP
TITLE DIRECTOR	TITLE
NAME ROSA JULIO	NAME
STREET ADDRESS 1718 N. US AVE	STREET ADDRESS
CITY-ST-ZIP HOLLYWOOD, FL 33081	CITY-ST-ZIP
TITLE DIRECTOR	TITLE
NAME MENENDEZ, THERESA	NAME
STREET ADDRESS 6920 SW. 92 AVE	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL. 33173	CITY-ST-ZIP
TITLE DIRECTOR	TITLE
NAME MENENDEZ, JOSE L.	NAME
STREET ADDRESS 6920 SW 92 AVE	STREET ADDRESS
CITY-ST-ZIP MIAMI, FL. 33173	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOSE L. MENENDEZ** **APRIL 29/03**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/02)