## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000042558 (5)

ADVANTAGE INTERNATIONAL DISTRIBUTORS, INC.

180 NE 39TH STREET **SUITE 225** MIAMI FL 33137

21

Principal Piace of Business

2. Principal Place of Business

SIGNATURE: X

Suite, Apt. #, etc.

City & State

Mailing Address

180 NE 39TH STREET **SUITE 225** MIAMI FL 33137-3650

2a. Mailing Address

City & State

Suite, Apt. #, etc

26

## **FILED** Apr 10 1997 8:00am Secretary of State



3. Date incorporated or Qualified

06/14/1993

65-0422360

5. Certificate of Status Desired

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

0187638

Not Applicable

04/29/1996

City & State	0	City & S	City & State				6. E	Election Campaign Financing		\$5.00	May Be
23		28					1	Trust Fund Contribution		Added t	o Fees
Zip			~ `	Country		This corporation has liability for intengible tax under s. 199 032,				199.032,	
24	1 25 29 30 30 30 9 Name and Address of Current Registered Agent			)	Florida Statutes Yes No  10. Name and Address of New Registered Agent						
	81	Nam		10.	Name and Address of New	Registered	Agent				
	ALET, JEAN			) <b>°</b> '	i Nam I	e					1
180 NE 39TH STREET					Stree	t Addres	s (P.0	O. Box Number is Not Accep	table)		
SUITE 225								<del></del>			
MIAMI FL 33137					63						
				84	City					85 Zip (	Code
								**************************************	FL		
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: typind or printed name of rugs-timed agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
		fregistered agent and title if applicable	(NOTE R		int signat	ure required		<del> </del>	DATE		
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CITY-ST-70P				64 CITY-S	T-7IP	1					ļ
14. I do heret	by certify that the information	tion supplied with this filing	does not qualify f	or the exe	mption	stated in	n Sec	ction 119.07(3)(i), Florida Stat	utes. I furthe	certify that	the
14. I do 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 annual report of purpliemental 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; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name approars in Ripsk 12 or Ripsk 13 if the property and the property of the corporation.											