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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000016092 (4)

DIVERSIFIED DISTRIBUTION COMPANY

Principal Place of Business

135 CADIMA AVE CORAL GABLES FL 33134 Mailing Address

135 CADIMA AVE

XORAL GABLES FL 33134-7354

FILED May 07 1997 8:00am Secretary of State



- *	O FL 83134	COUNT ONDERS LE 20134	1001		
				3. Date Incorporated or Qualified 02/19/1996	3a. Date of Last Report
2. Principal P	lace of Business Ponce De Leon 614d	26. Mailing Address 26 2252 Por	ce De Jeon B	4. FEI Number 45 - 065 041	Applied For Not Applicabl
Suite Apt.	#. etc. @ 30 Z	Suite, Apy #, etc. 27 Suite 30:	2	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City Stat	al Gables 714	City & State CORAL GA	bles H	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4 33/1	34 25 U.S. A	29 33134	30 U.S. A		☑ Yes ☐ No
	9, Name and Address of Current	Registered Agent	041 11	10. Name and Address of New Ro	gistered Agent
	SALDUC, ALFREDO L		81 Name		
	CADIMA AVE RAL GABLES FL 33134		82 Street Ac	ddress (P.O. Box Number is Not Accepta	ble)
, cor	VAL GABLES FL 33134		83		
			[8]		
			84 City		FL 85 Zip Codo
44 Pireuent	to the provisions of Sections 607 0502	and CO7 1508 Elorida Statute	is the shows period or	orporation submits this statement for the	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent's gnature re-		DATE CEDS AND DIDECTORS IN 42
12. TITLE	D OFFICERS AND	DELETE	13. 1.1 Till 2	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
NAME	CASALDUC, ALFRED L	F-1 Detert	1.2 NAME	RADUEL Sotillo - LON	Change Addition
STREET ADDRESS	135 CADIMA AVE		,	35 CADIMA AVENU	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.3 STREET ADDRESS	Total Cables De	22124
TITLE	CONTRACTOR CONTRACTOR	DELETE	1.4 City - \$1 - ZiP 2.1 Title	south comples to	Change Addition
NAME			2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TiTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-Zip			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 I THLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

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 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 if changed, or on an attachment with an address.