

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 20, 1998 8:00 am  
Secretary of State

DOCUMENT # P97000001364 (3)

1. Corporation Name  
LJD DISTRIBUTION, INC.

Principal Place of Business  
705 WEST 28TH STREET  
FL 33010

Mailing Address  
705 WEST 28TH STREET  
HIALEAH FL 33010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GERSTEIN, WILLIAM  
1300 NO FEDERAL HIGHWAY STE 203  
BOCA RATON FL 33432

3. Date Incorporated or Qualified

01/07/1997

4. FEI Number

65-0719101

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

10. Name and Address of New Registered Agent

81 Name

HARVEY ADES

82 Street Address (P.O. Box Number is Not Acceptable)

705 W. 28 ST.

83

84 City

HIALEAH

FL

85 Zip Code

33010

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 HARVEY ADES, SEC.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/98

12. OFFICERS AND DIRECTORS

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

STREET ADDRESS

CITY-STATE-ZIP

TITLE

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change

Addition

1.2 NAME

HARVEY ADES

1.3 STREET ADDRESS

705 W. 28 ST.

1.4 CITY-STATE-ZIP

HIALEAH, FL 33010

2.1 TITLE



Change

Addition

2.2 NAME

LOUIS J. DAPRATO

2.3 STREET ADDRESS

705 W. 28 ST.

2.4 CITY-STATE-ZIP

HIALEAH, FL 33010

3.1 TITLE



Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE



Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE



Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE



Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500002594445

-07/21/98--01092--019

\*\*\*150.00

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/98

305 985-5664

CR2E034 (5/98)