

CORPORATION  
ANNUAL REPORT  
1999



Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 25, 1999 8:00 am**  
**Secretary of State**

06-25-1999 90008 028 \*\*\*150.00

DOCUMENT # P97000006671 ✓

1. Corporation Name  
**F & M Wholesalers, Inc.**

Principal Place of Business  
**1219 SW 114 Pl.  
Miami, Fl. 33176**

Mailing Address  
**1219 SW 114 Pl.  
Miami, Fl. 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/23/97**

2. Principal Place of Business  
21 **7294 NW 8<sup>TH</sup> St.**

2a. Mailing Address  
26 **7294 NW 8<sup>TH</sup> ST.**

4. FEI Number **650719687**  
Applied For  
Not Applicable

Suits, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 **Miami Fl.**

27 City & State  
28 **Miami Fl**

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

24 Zip **33126** 25 Country

29 Zip **33126** 30 Country **Miami-Dade**

8. This corporation owes the current year Intangible  
Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MANUEL A. Arisso  
4722 SW 5<sup>TH</sup> St.  
Miami, Fl. 33134**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **P Arisso Zaul M**  
STREET ADDRESS **3451 Grand Canal Dr.**  
CITY-ST-ZIP **Miami, Fl 33144**

1.1 TITLE  Change  Addition  
1.2 NAME **VP Arisso, Clara**  
1.3 STREET ADDRESS **4722 SW 5<sup>TH</sup> ST.**  
1.4 CITY-ST-ZIP **Miami, Fl. 33134**

TITLE  DELETE  
NAME **VD. MELON, Francisco M**  
STREET ADDRESS **3451 Grand Canal Dr.**  
CITY-ST-ZIP **Miami, Fl. 33144**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME **STD Arisso, Manuel Antonio**  
STREET ADDRESS **3451 Grand Canal Dr.**  
CITY-ST-ZIP **Miami, Fl. 33144**

3.1 TITLE  Change  Addition  
3.2 NAME **STD Arisso, Manuel Antonio**  
3.3 STREET ADDRESS **4722 SW 5<sup>TH</sup> ST.**  
3.4 CITY-ST-ZIP **Miami, Fl. 33134**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Manuel A. Arisso **MANUEL A. Arisso** 05/20/99 **305-269-3900**  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2EN34 (1/1991)