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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90086 026 ***150.00

| 1. Corporation | MENT # 529213 DISTRIBUTORS, INC. | | | | |
|--|---|--------------------------------------|---------------------------------|--|---|
| Principal Place | e of Business | Mailing Address | | - I station arrive reducts are an reason arrivers | it didit bibu didit dibit didit icas |
| 700 S 36TH A | | 700 S 36TH AV | | | • |
| MIAMI FL 33135 MIAMI FL 33135 | | | | DO MOTINGITE IN TH | |
| | | | | DO NOT WRITE IN TH 3. Date Incorporated or Qualifed | 15 SPACE |
| | | | | , | |
| 2 Deigoinal Di | loca of Rusinose | 2a. Mailing Address | | 03/29/1977 4. FEI Number | Applied For |
| 2. Principal Place of Business 21 3663 SW 8th Street 22 Mailing Address 26 3663 SW 8th | | | h Street | 59-1731261 | Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8.75 Additional |
| 22 3rd Floor 27 3rd Floor | | | | 5. Certificate of Status Desired | Fee Required |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 MIA F | | 28 MIA FL | | Trust Fund Contribution | Added to Fees |
| Zip 33135 | Country | Zip 33135 | Country USA | 8. This corporation owes the current year | Intangible |
| 24 33133 | [25] | [29] | 30 USA | Personal Property Tax. 10. Name and Address of New Registers | |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | | |
| FAJARDO, PARLO | | | | ARDO, PABLO | |
| 700 SW 36TH AV | | | 82 Street Ad 3.6.6.3 | dress (P.O. Box Number is Not Acceptable) S.W. 8th Street Thir | d Floor |
| MIAN | /II FL 33135 | | 83 | | : |
| | | | 24 | | RE Zin Codo |
| | | | 84 City MIA | MI F | L 85 Zip Code 33135 |
| office or re agent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga | of Elorida. Such change was auf | thonzod by the comore | proration submits this statement for the purpose ation's board of directors. I hereby accept the app | of changing its registered pointment as registered |
| SIGNATURE | Signature bred of printed name of registered ager | nt and title if applicable. (NOTE: F | Registered Agent signature requ | uired when reinstating) DATE | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PD C | ☐ DELETE | 1.1 TMLE | . ¹ 31 | ☐ Change ☐ Addition |
| NAME | BRAVO, JOSE M. | | 1.2 NAME | 2.4 % | } |
| STREET ADDRESS | 833 CORAL WAY | | 1.3 STREET ADDRESS | | İ |
| CITY-ST-ZIP | CORAL GABLES FL | ☐ DELETE | 1.4 CITY-ST-ZIP | | Change |
| TITLE | SD PARIO | € DECE IC | 2.1 TITLE 2.2 NAME | SD | Manage Common |
| NAME | FAJARDO, PABLO | | | FAJARDO, PABLO | |
| STREET ADDRESS | 700 S 36TH AV | | 2.3 STREET ADDRESS | 3663 SW 8th Street Th | ird Floor |
| CITY-ST-ZIP | MIAMI FL 33135 | ☐ DELETE | 3.1 TITLE | MIAMI, FL 33135 | ☐ 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 | | ☐ DELETE | 5.4 CITY-ST-ZIP | | Change Addition |
| TITLE | 15 | | 6.2 NAME | • | Tauringo Circomon |
| NAME | | | 6.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 6.4 CITY-ST-7/P | • | |

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: