

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003138

Entity Name: M.C. WHOLESale DISTRIBUTION CENTER CORP.**Current Principal Place of Business:**P.O. BOX 1533
3333 FOWLER STREET
FORT MYERS, FL 33902-1533**Current Mailing Address:**PO BOX 1533
FORT MYERS, FL 33902**FEI Number:** 26-2421296**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MERAT, CLEBERT
1879 RICARDO AVE
FORT MYERS, FL 33901 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CDP
Name	MERAT, CLEBERT
Address	PO BOX 1533
City-State-Zip:	FORT MYERS FL 33902

Title	VCD
Name	MERAT, CLEBERT
Address	PO BOX 1533
City-State-Zip:	FORT MYERS FL 33902

Title	D
Name	ANEL , GUILLAUME II
Address	PO BOX 1533
City-State-Zip:	FORT MYERS FL 33902-1533

Title	VC
Name	MERAT, MERALIEN SR.
Address	PO BOX 1533
City-State-Zip:	FORT MYERS FL 33902

Title	CFO
Name	SERAFIN, RODRIGUEZ SR.
Address	PO BOX 1533
City-State-Zip:	FORT MYERS FL 33902

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLEBERT MERAT

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date