

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 JAN 17 PH 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 139381 (8)

1. Corporation Name  
GULF DISTRIBUTION INC.

Principal Place of Business

5559 NW 37TH AVE  
MIAMI FL 33142

Mailing Address

5959 NW 37TH AVE  
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
07/23/1940

3a. Date of Last Report  
01/25/1994

4. FEI Number  
59-0275920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BERKOWITZ, PAUL ESQ.  
GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ROSEN & O  
1221 BRICKELL AVE.  
MIAMI FL 33131

81. Name

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

83.

84. City

FL

85. Zip Code

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DC                     |
| NAME           | GOLDMAN, MARVIN I      |
| STREET ADDRESS | 20330 NE 20 PL         |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | T                      |
| NAME           | GASTHALTER, ROBERT     |
| STREET ADDRESS | 3435 WATER OAK DR.     |
| CITY- ST- ZIP  | HOLLYWOOD FL           |
| TITLE          | SD                     |
| NAME           | GOLDMAN, CAROL         |
| STREET ADDRESS | 20330 NE 20 PL         |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | PD                     |
| NAME           | GOLDMAN, HOWARD        |
| STREET ADDRESS | 4207 UNIVERSITY DR.    |
| CITY- ST- ZIP  | CORAL GABLES FL        |
| TITLE          | V                      |
| NAME           | MAYPER, DAVID          |
| STREET ADDRESS | 2230 N.E. 204TH STREET |
| CITY- ST- ZIP  | MIAMI FL               |
| TITLE          | D                      |
| NAME           | GOLDMAN, MARJORIE F.   |
| STREET ADDRESS | 5959 NW 37TH AVE       |
| CITY- ST- ZIP  | MIAMI FL               |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Robert Gasthalter ROBERT GASTHALTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

1/10/95

305-634-6800

System/Phone #

0181484 CP