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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 159827

1. Corporation Name

(5)

GENERAL MERCHANDISE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address	-4				
7262 NW 33RD STREET MIAMI FL 33122	7262 NW 33RD STREET MIAMI FL 33122-1204					

FILED
May 05 1997 8:00am
Secretary of State



MIAMI FL 3312	2		MIAMI FL 3	3122-1204									
							3	3. Date Incorp	orated or Qualif		Date of Last 0/11/1996	Report	
2. Principal Place of Business 21		2a. Mailing	2a, Mailing Address			4	59-0632			⊢	pplied For lot Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5	5. Certificate of Status Desired S8.75 Additional Fee Required				Additional		
City & State				City & State			6		mpaign Financir		\$5.00 May Be		
Zip		Country					Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,						
24	25		29	Ì	30 Florida Statutes Yes No						a. 100.002,		
		Address of Curre	ent Registered Ag	gent		- r). Name and	Address of Nev	w Registere	ed Agent		
	ine, allan n				8.	Name							
	S SW 103 PLA	CE		82 Street		l Address ((P.O. Box Num	nber is Not Acce	eptable)				
MIAI	MI FL 33132				8:			· · · · · · · · · · · · · · · · · · ·					
					88	1							
					84					F	L	Code	
11. Pursuant office or r agent. La	to the provisions registered agent, rm familiar with, a	of Sections 607.05 , or both, in the Stat and accept the obli	02 and 607.1508, te of Florida. Such gations of, Section	Florida Statute change was au 607.0505, Flor	s, the about horized b ida Statute	ve-name by the co es.	d corporation s	on submits thi board of direc	s statement for to ctors. I hereby a	the purpose eccept the a	o'of changing appointment as	its registered s registered	
SIGNATURE	Signature, typed or pr	inled name of registered as	gent and file it applicable	e (NO1:	Registered Ag	jent signatu	re required whe	en reinsta: ng)		DATE			
12.		OFFICERS AT	ND DIRECTORS		13.			ADDITIONS/0	CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12	
TITLE	P	A 5.1 5.1		DELETE	1.1 1116.6						☐ Change	☐ Addition	
name	LEVINE, ALL				1.8 NAME								
STREET ADDRESS	7808 NW 331 MIAMI FL 33				1.3 STREE	1 ADDRESS	·						
CITY-ST-ZIP TITLE	VP VP	1/3		DELETE	1.4 City-	S1 - 7/F						1 1 2 2 2 2 2	
NAME	LEVINE, BRA	DLEV .I	ļ		21 THLE						Change	Addition	
STREET ADDRESS	8787 SOUTH				2 2 NAME	t address						-	
CITY-ST-ZIP	JACKSONVIL				2 4 CITY								
TITLE	DT			DELETE	31 1171.	.91.10	 				Change	Addition	
NAME	LEVINE, MITC	CHELL R			3.8 NAME		İ						
STREET ADDRESS	8787 SOUTH				3.3 STREE	1 ADDRESS							
CITY-ST-ZIP	JACKSONVIL	LE FL 32256			3.4. CITY	S1-ZIP							
TITLE				DELETE	4.1 TITLE						Change	Addition	
NAME					4, 2 NAM								
STREET ADDRESS					4.3 STREE	I ADDRESS							
CITY-ST-ZIP				Dr. tre	4.4 CITY-	ST-7IP	ļ			• • •			
TITLE			+	DELETE	5.1 TITLE						Change	Addition	
NAME OTREET ADDRESS					5.2 NAME								
STREET ADDRESS						1 ADDRESS							
C(TY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CHY-	51- ZII'	 				Change	Addition	
NAME	f _e ;		`		6.2 NAME						onongo		
STREET ADDRESS	187				4	1 ADDRESS							
CITY-ST-ZIP	S.				64 CITY								

14. I do hereby certify that the information supplied with this tiling does no 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 suppremental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 Tehangord, or on an attachment with an address.

Also las