FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **258742** **(6)**

1. Corporation Name
RODARI DISTRIBUTORS, INC.

Principal Place of Business
2056 N.W. 23RD AVENUE
MIAMI FL 33142

Mailing Address
2056 N.W. 23RD AVENUE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1962
3a. Date of Last Report: 06/03/1994
4. FEI Number: 59-0972557 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 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. [illegible] Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ 22 Suite, Apt. #, etc. ___ 23 City & State ___ 24 Zip ___ 25 County ___
2a. Mailing Address: 26 ___ 27 Suite, Apt. #, etc. ___ 28 City & State ___ 29 Zip ___ 30 Country ___

9. Name and Address of Current Registered Agent

RODRIGUEZ, CANDIDO
901 PONCE DE LEON BLVD
STE 607
CORAL GABLES 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 ___

11. [illegible fine print regarding change of registered office/agent pursuant to Florida Statutes]

SIGNATURE ___

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIGUEZ, CANDIDO
STREET ADDRESS	2031 S.W. 23 TERRACE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VTD
NAME	RODRIGUEZ, JOSE
STREET ADDRESS	2031 S W 23 TERR
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SD
NAME	RODRIGUEZ, JORGE
STREET ADDRESS	2031 S W 23 TERR
CITY-ST-ZIP	MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33145	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33145	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible] 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: [signature] (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
DATE

(305) 633-1661
DAYTIME PHONE #

0183071 CP