

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **316107** (2)

MASON DISTRIBUTORS, INC.



Home Office Address: **5105 N.W. 159 ST HIALEAH FL 33014**
Mailing Address: **5105 N.W. 159 ST HIALEAH FL 33014**

2 Principal Office of the Corporation
21 Mailing Address
22 State of Incorporation
23 City and State
24 Country
25 Country
26 Mailing Address
27 State of Incorporation
28 City and State
29 Zip
30 Country
9. Name and Address of Current Registered Agent

**RODRIGUEZ, CARLOS J.
7015 GLENEAGLE DRIVE
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **04/24/1967**
3a. Date of Last Report: **04/03/1995**
4. FFL Number: **59-1260850** (Applicable 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. 199.042, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address, P.O. Box Number, if Not Applicable
83
84 City
FL 85 Zip Code

11. I, the undersigned, the president of the corporation, hereby certify that the above-named corporation submits this statement for the purpose of changing its registered office to the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent of the corporation, and I accept the liability imposed by Section 607.0405, Florida Statutes.

12. OFFICERS AND DIRECTORS

1. Name: **P RODRIGUEZ, CARLOS J.**
2. Address: **7015 GLENEAGLE DRIVE MIAMI LAKES FL**
3. Title: **S**
4. Name: **RODRIGUEZ, JUANA**
5. Address: **7015 GLENEAGLE DRIVE MIAMI LAKES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name: _____ [] Change [] Addition
2. Name: _____ [] Change [] Addition
3. Name: _____ [] Change [] Addition
4. Name: _____ [] Change [] Addition
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14. Name: _____ [] Change [] Addition
15. Name: _____ [] Change [] Addition
16. Name: _____ [] Change [] Addition
17. Name: _____ [] Change [] Addition
18. Name: _____ [] Change [] Addition
19. Name: _____ [] Change [] Addition
20. Name: _____ [] Change [] Addition

14. I, the undersigned, certify that the information given in this filing is true and correct, and that I am not qualified for the exemption stated in Section 119.042(4)(k), Florida Statutes. I further certify that the information given in this filing is true and correct, and that my signature shall have the same legal effect as if made under oath. I understand the consequences of the above and hereby agree to provide the report as required by Chapter 607, Florida Statutes, and that my name appears on the filing of this report in accordance with the above.

SIGNATURE: *Juana D. Rodriguez* - **Juana D. RODRIGUEZ** 1-19-96 (305) 624-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)