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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name 333289 (7)												
G & M DISTRIBUTORS OF MIAMI, INC.									1			
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1												
Principal Place of Business Mailing Address									-	ile didii dadak di		
139 NE 1ST STREET 139 NE 1ST STREET												
505 505												
MIAMI FL 331		MIAMI FL 33132				DO NOT WRITE IN THIS SPACE						
US			US						3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address									07/31/1968 4. FEI Number		\	
21			—————————————————————————————————————	26. Walling Address						<u> </u>	Applied For Not Applicable	
Suite, Apt	#. etc.		Suite, Apt. #, etc.				59-1207411		Additional			
22				27					5. Certificate of Status Desired		Required	
City & State	e			City & State				6. Election Campaign Financing	\$5.00	D May Be		
23			28	28				Trust Fund Contribution		to Fees		
Zip		Country	Zip		Coun	try			8. This corporation owes or has paid the co	urrent year 1	ntangible	
24 25			29	<u> </u>					Personal Property Tax due June 30. 🗹 Yes 🔲 No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
MARCUS, JULIUS							Name					
139	ONE 1ST S					Street A	ddres	ss (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·		
SUITE 505						_			<u> </u>			
MIAM! FL 33132						33						
						34	City			85 Zip	Code	
							•		F	_		
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.												
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE		or printed name of registered.	halata at a a thank						when reinstating) DATE			
12.	Signature, types	ND DIRECTORS				equirea	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTO	189 IN 12			
TITLE	PD	0,7,02,00	#10 ON IEO 10.10	DELETE	1.1 TITLE				7.551110140,073744020 1.5 9.1 1.021.674	☐ Change		
NAME	. –	S, JULIUS		_		1,2 NAME				_	_	
STREET ADDRESS 139 NE 1ST STREET, SUITE 5			E 505				1,3 STREET ADDRESS					
CITY-ST-ZIP MIAMI FL							1,4 CITY-ST-ZIP					
TITLE	S			DELETE	2.1 TITLE					Change	Addition	
NAME	LOPEZ, AMANDA					2.2 NAME						
STREET ADDRESS	139 NE	1ST STREET, SUITI	E 505)5			2.3 STREET ADDRESS					
CITY-ST-ZIP					2. 4 CITY-ST-ZIP							
TITLE			•	☐ DELETE	3.1 TITLE	E				☐ Change	Addition	
NAME				,	3.2 NAM	E						
STREET ADDRESS					3.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP				,	3.4, CITY		T-ZIP				·	
TITLE				☐ DELETE	4.1 TITLE		1			L Change	Addition	
NAME					4. 2 NAM	4E						
STREET ADDRESS					4.3 STRE							
CITY-ST-ZIP				DELETE:	4.4 CITY		- ZIP			[] e		
TITLE				☐ DELETE	5,1 TITLE					L Change	Addition	
NAME					5.2 NAM							
STREET ADDRESS					5.3 STRE							
CITY-ST-ZIP				I DELETE	5.4 CITY	_	- ZIP			Observe	A delista	
TITLE				☐ DELETE	6.1 TITLE					L Change	Addition	
I						6.2 NAME						
STREET ADDRESS					6.3 STRE	ET A	ADDRESS [ſ	

14. I hereby certify that the information supplied with this filling does not 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 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:

19/98

305 373-7000

FILED

Jan 16 1998 8:00am

Secretary of State