

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 340651 (9)

1. Corporation Name

GEMARE DISTRIBUTORS INC.



Principal Place of Business

Mailing Address

%RONALD P. NEWMAN, %WATSCO, INC.
2665 S BAYSHORE DR. STE 901
COCONUT GROVE FL 33133

%RONALD P. NEWMAN, %WATSCO, INC.
2665 S BAYSHORE DR. STE 901
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified
01/27/1969

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-1237755

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH A. PERKINS
GEMARE DISTRIBUTORS, INC.
2151 W. HILLSBORO BLVD #400
DEERFIELD BEACH FL 33442

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME NAHMAD, ALBERT
STREET ADDRESS 2151 W. HILLSBORO BLVD #400
CITY-ST-ZIP COCONUT GROVE FL

TITLE P ☐ DELETE
NAME PERKINS, KENNETH A.
STREET ADDRESS 2151 W. HILLSBORO BLVD #400
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE VP ☐ DELETE
NAME MANUEL J. PEREZ DE LA MESA
STREET ADDRESS 2151 W. HILLSBORO BLVD #400
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE DVS ☐ DELETE
NAME NEWMAN, RONALD
STREET ADDRESS 2665 S BAYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL

TITLE D ☐ DELETE
NAME TAPPELLA, GARY
STREET ADDRESS 350 LEXINGTON AVE
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE
NAME LEPRI, DANIEL B.
STREET ADDRESS 350 LEXINGTON AVE.
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

Manuel J. Perez de la Mesa 4/15/96 (305) 426-0814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)