FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** 435552 (5)BEST DISTRIBUTORS, INC. Principal Place of Business Mailing Address 6802 NW 77TH COURT 6802 NW 77TH COURT MIAMI FL 33166-4826 MIAMI FL 33166-4826 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1973 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1497452 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30. Yes No Zip Country Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROSEN, SENDER 6802 NW 77TH COURT **MIAMI FL 33166** вэ 84 Pursuant to the pro-office or registered gent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE ROSEN, MARIO 1.2 NAME MALIF 6802 NW 77TH COURT STREET ADDRESS 1.3 STREET ADDRESS 33 KC MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE. VP-SEC Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP

ion supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 information or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

 I hereby certify that the indicated on this anitid officer or director of the Block 12 or Block 13 if

SIGNATURE

CITY-ST-ZIP