

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 445766**

1. Entity Name

ARNEL DISTRIBUTORS, INC.

Principal Place of Business

**21657 S DIXIE HIGHWAY
POST OFFICE BOX 276
MIAMI FL 33170**

Mailing Address

**21657 S DIXIE HIGHWAY
POST OFFICE BOX 276
MIAMI FL 33170**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1513736**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSIO, (FRANCISCO R.)
2223 CORAL WAY
MIAMI FL 33145**

Name

ROBERT E. STUCKER

Street Address (P.O. Box Number is Not Acceptable)

1040 SW 199 Street

City

Miami, Florida**FL**Zip Code
33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GOMEZ, ALEIDA	404 WEST DILLIDO DR	MIAMI BCH, FL 00000	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT (D)	BERNABE PEREZ	25324 SW 127 Court.	Miami F;a 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PD	GOMEZ, ARTHUR	404 WEST DILLIDO DR	MIAMI BCH, FL 00000	<input type="checkbox"/>
----	---------------	---------------------	---------------------	--------------------------

Vice-President (PD)	Maria C. Perez	25324 SW 127 Court	Miami, Fl 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------------------	----------------	--------------------	-----------------	-------------------------------------	--------------------------

DV	FERNANDEZ, FRANCISCO	25405 SW 128TH AVE	MIAMI, FL 00000	<input type="checkbox"/>
----	----------------------	--------------------	-----------------	--------------------------

Tresurer (DV)	Silvia Ramos	25412 SW 127 Place	Miami, Fl 33032	<input checked="" type="checkbox"/>	<input type="checkbox"/>
---------------	--------------	--------------------	-----------------	-------------------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

				<input type="checkbox"/>
--	--	--	--	--------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

13. I hereby certify that the information 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-09-01 (305) 258-2046

A0023739



DO NOT WRITE IN THIS SPACE

0499740

CR2E034 (10/00)

Attachment Doc # 4457166-ADD3739

**UNANIMOUS WRITTEN CONSENT
OF SHAREHOLDERS AND DIRECTORS OF
ARNEL DISTRIBUTORS, INC.
A FLORIDA CORPORATION,
IN LIEU OF AN ANNUAL JOINT MEETING**

The undersigned, being the shareholders and directors of ARNEL DISTRIBUTORS, INC., a Florida corporation, hereinafter referred to as the "Corporation", hereby make the following written statement in lieu of holding an annual joint meeting in accordance with the terms of Sections 607.0704 and 607.0821 of the Florida Business Corporation Act:

RESOLVED, that the following persons are hereby elected to serve as directors of the Corporation until the next annual meeting of the shareholders or until their successors are duly elected, qualified and seated:

~~BERNABE~~ PEREZ (BERNABE PEREZ) PLEASE CORRECT
MARIA PEREZ

RESOLVED, that each of the following persons is hereby elected to serve in the office set forth opposite his or her name until the next annual meeting of the directors or until his or her successor is duly elected, qualified and seated:

(BERNABE PEREZ)	BERNABE PEREZ	(D) President	PLEASE CORRECT
	MARIA PEREZ	(PD) Vice President	
	SILVIA RAMOS	(DV) Treasurer	

RESOLVED, that any and all actions taken by the officers and directors of the Corporation in the course of their conduct on behalf of the Corporation since the last annual meeting of the shareholders and directors are hereby confirmed, ratified and approved as the acts of the Corporation.

Date: February 9, 2000

SHAREHOLDERS AND DIRECTORS:

Bernabe Perez

Bernabe Perez - BERNABE PEREZ (PLEASE CORRECT)

Maria C Perez

Maria Perez