FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 460042 (5)

1. Corporation Name
ATLANTIS DISTRIBUTORS, INC.

Principal Office of Business
5331 N DIXIE HWY
BOCA RATON FL 33487
US

Mailing Address
P O BOX 290716 N/A
FT LAUDERDALE FL 33329-716
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1974
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1550773 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

FERNANDEZ, RUBEN
4108 SW 22ND ST
UNIT B
FT LAUDERDALE FL 33317

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, RUBEN
STREET ADDRESS	4108 SW 22ND ST
CITY-ST-ZIP	FT LAUDERDLAE FL
TITLE	SD
NAME	FERNANDEZ, MERCEDES
STREET ADDRESS	4108 SW 22ND ST
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change	☐ Addition
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		☐ Change	☐ Addition
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		☐ Change	☐ Addition
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		☐ Change	☐ Addition
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐ Change	☐ Addition
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		☐ Change	☐ Addition
6 NAME			
6 STREET ADDRESS			
6 CITY-ST-ZIP			

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUBEN FERNANDEZ

5/1/95
Date

407 997 8849
Daytime Phone #

0241032 CP