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 # **502529** **(1)**

1. Corporation Name
ADVENT DISTRIBUTORS, INC.

Principal Place of Business
1232 ALEGRIANO AVE
CORAL GABLES FL 33146
US

Mailing Address
1232 ALEGRIANO AVE
CORAL GABLES FL 33146
US

3. Date Incorporated or Qualified: 04/28/1976
3a. Date of Last Report: 01/19/1995

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

4. FEI Number: 59-1671672 — 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**
ZUCKERMAN, CATHY
1232 ALEGRIANO AVE
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**
81 Name: BEN ZUCKERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1232 ALEGRIANO AVE
83
84 City: CORAL GABLES FL 85 Zip Code: 33146

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: Ben Zuckerman — 3/30/96
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required on this filing.) Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ZUCKERMAN, CATHY	
STREET ADDRESS	1232 ALEGRIANO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & SECRETARY	☒ Change ☐ Addition
1.2 NAME	BEN ZUCKERMAN	
1.3 STREET ADDRESS	1232 ALEGRIANO AVE	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146-1106	
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	900001765619	
3.4 CITY-ST-ZIP	-04/02/96--01008--017	
4.1 TITLE	***200.00	☐ 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	M.M.	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	4-1-96	

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: Ben Zuckerman — 3/29/96 — 305/663-1965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)