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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33146-1106
US

3. Date Incorporated or Qualified
04/28/1976

3a. Date of Last Report
04/01/1996

2. Principal Place of Business
21 45 FERN DRIVE
Suite, Apt. #, etc.

2a. Mailing Address
26 45 FERN DRIVE
Suite, Apt. #, etc.

4. FEI Number
59-1671672

Applied For
Not Applicable

22 City & State
23 HOLLYWOOD, FL

27 City & State
28 HOLLYWOOD, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33021-2120 25 BROWARD

29 33021-2120 30 BROWARD

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, BEN
1232 ALEGRIANO AVE
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name ZUCKERMAN, BEN
82 Street Address (P.O. Box Number is Not Acceptable)
45 FERN DRIVE
83
84 City HOLLYWOOD FL 85 Zip Code 33021-2120

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 BEN ZUCKERMAN, PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/14/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, CATHY	
STREET ADDRESS	1232 ALEGRIANO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	ZUCKERMAN, BEN	
STREET ADDRESS	1232 ALEGRIANO AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33146-1106	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ZUCKERMAN, BEN	
1.3 STREET ADDRESS	45 FERN DRIVE	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021-2120	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(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 an address.

SIGNATURE: Ben Zuckerman REQUIRED
Signature and typed or printed name of signing officer or director

2/14/97 954/967-9979
Date Daytime Phone #

CR2E034 (9/96)