

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90212 019 \*\*\*150.00

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|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 526321**  
 1. Corporation Name  
**PORT DISTRIBUTOR'S, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>357 LESLIE DR<br>HALLANDALE FL 33009 | Mailing Address<br>357 LESLIE DR<br>HALLANDALE FL 33009 |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 |
| City & State<br>23                   | City & State<br>28        |
| Zip Country<br>24 25                 | Zip Country<br>29 30      |

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>02/22/1977   | 4. FEI Number<br>59-1721349    | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required |                               |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |                               |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                               |

9. Name and Address of Current Registered Agent

**FARINHAS, JULIUS**  
**357 LESLIE DR**  
**HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         |                                 |
|----------------------------|-------------------------|---------------------------------|
| TITLE                      | PD                      | <input type="checkbox"/> DELETE |
| NAME                       | FARINHAS, JULIUS        |                                 |
| STREET ADDRESS             | 357 LESLIE DR           |                                 |
| CITY-ST-ZIP                | HALLANDALE FL           |                                 |
| TITLE                      | VD                      | <input type="checkbox"/> DELETE |
| NAME                       | FARINHAS, JULIUS M., JR |                                 |
| STREET ADDRESS             | 4709 ADAMS ST           |                                 |
| CITY-ST-ZIP                | HOLLYWOOD FL            |                                 |
| 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   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/29/99 DAYTIME PHONE #: 954-4544585

CR2E034 (11/98)