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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561501 (8)

ALWAYS INTERNATIONAL DISTRIBUTORS CORP.

Secretary of State

FILED

Apr 17 1998 8:00am

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Principal Place of Business		Mailing Address			DO NOT WRITE IN THIS SPACE		
C/O A. F. ALENTADO & ASSOC. CORP. 1149 SW 27 AVE #203 MIAMI FL 33135		C/O A. F. ALENTADO & ASSOC. CORP. 1149 SW 27 AVE #203 MIAMI FL 33135					
				 Date Incorporated or Qualified 03/08/1978 			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 Suite Ant		26			59-1804583	Not Applicable	
June, Apr	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid the c		
24	25	29	30		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	d Agent	
ALI	entado, antonio f.		8	I Name			
114	19 SW 27 AVE #203		82 Street Addr		dress (P.O. Box Number is Not Acceptable)		
MIA	VMI FL 33135			<u> </u>			
			8:	3			
			8	City		85 Zip Code	
			"	, OK,	F	L D Zip Code	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the abo	ve-named cor	rporation 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	•					İ	
DIGITATIONE	Signature, typed or pointed name of registered	agent and title if applicable (NOI	E Registered A	gent signatura requ	uired when reinstating) DATE		
12		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PTD	☐ DELETE	1.1 TITLE]		Change Addition	
NAME	SAIEH, SALVADOR		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL 0		1.4 CITY-	\$1-ZIP			
TITLE	VD	☐ DELETE 2.1 TO				Change Addition	
NAME			2.2 NAME				
STREET ADDRESS	1361 N.E. 118TH ST.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL 0		2. 4 CITY	-ST-2IP			
TITLE	8	DELETÉ	3.1 TITLE			☐ Change ☐ Addition	
NAME	SAIEH, YAMILE		3.2 NAME	İ			
Street address	1361 N.E. 118TH ST.		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI, FL 0		3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	_		4.4 CITY-	ST-ZIP		1	
TITLE	-	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME			j	
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CiTY-	ST-ZIP			
TITLE	,,,	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME			ļ	
STREET ADDRESS	:	•		T ADDRESS		1	
CITY-ST-ZIP			6.4 CITY-	1			
	artifuthat the information supplies	d with this filing does not availe to			Continu 110 07/2)/i) Florido Statutos I furthes	aniid , the state of the second	

I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(0). Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental 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.