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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 616550

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PREMIUM DISTRIBUTION CORP. Principal Place of Business Mailing Address 100 E HALLANDALE BEACH BLVD 100 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009-5523 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1979 04/09/1996 2. Frincipal Place of Business 2a. Mailing Address FEI Number Applied For 59-1900235 Not Applicable 21 26 Suite, Apt. #, etc Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAKS, LEONILDA 100 E HALLANDALE BEACH BLVD 82 Street Address (P.O. Box Number is Not Acceptable) HALLANDALE FL 33009 83 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 ± am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regional, diagent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CDP Change DELETE Addition 1.1 THILE TITLE TAKS, LEONILDA 1.2 NAME NAME 436 POINCIANA DR. STREE" ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP OIY-ST Change DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIE 2. 4 CITY - ST-ZIP DELETE Change Addition TUTE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZiF 3.4 CITY-ST-ZIP DELETE TOTALE 41 TITLE Change ☐ Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-51-ZIP Change DELETE Addition TITLE 51 TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST-ZIP CITY-ST-7P DELETE Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZP 6 4 CITY - ST - ZIP 14. Ido 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 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 corporating or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Brock 12 or Block 13 if chapted, or on an attaction with an address.

SIGNATURE:

Daylime Phone #

Date

(96/6)

FILED

Jan 28 1997 8:00am

Secretary of State