

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

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Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 652671
1. Corporation Name:
RIDER DISTRIBUTORS, INC.

Principal Place of Business: 1671 WEST 38TH PL
HIALAHAM, FL 33012

Mailing Address: P.O. BOX 126506
HIALAHAM, FL 33012

2. Principal Place of Business: 21
Suite, Apt. #, etc. 22
City & State: 23
Zip: 24 County: 25

2a. Mailing Address: 26
Suite, Apt. #, etc. 27
City & State: 28
Zip: 29 Country: 30

3. Date Incorporated or Qualified: 1-18-1980 3a. Date of Last Report

4. FEI Number: 59-1971523 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:
PBLABZ JORGE
1000 S.W. 96TH AVE N^O 1408
MIAMI FL 33174

10. Name and Address of New Registered Agent:
MSK FIZIE - CARX - CAR & EQUIP.
15165 NORTHMOVE SUITE 2003,
MIAMI, FL
City: FL 33014

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: Candido Segarra (Date: 5/22/98)

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: PALABZ JORGE	STREET ADDRESS: 1671 WEST 38 TH PL	CITY-STATE-ZIP: HIALAHAM FL 33012	<input type="checkbox"/> DELETE
TITLE: SD	NAME: PALABZ DIANA	STREET ADDRESS: 1671 WEST 38 TH PL	CITY-STATE-ZIP: HIALAHAM, FL 33012	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE
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TITLE:	NAME:	STREET ADDRESS:	CITY-STATE-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-STATE-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-STATE-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-STATE-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
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44 CITY-STATE-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-STATE-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-STATE-ZIP:	

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14. I do hereby certify that the information supplied on this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided on this filing 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. I am a resident of the State of Florida with an address:

SIGNATURE: Diana Pelaez Secretary of Corp 4-28-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-28-98

CR2E034 (9/96)