CORI ANNU	LE NUW: FILI PROFIT PORATION AL REPORT <b>1997</b>	ING FEE AFTEI	FLORIDA DEPAR Sandra B. Secretar	Mortham orporations	Feb 17 1	ILED 997 8:( ary of S	
DOCUN 1. Corporation BABOR I	MENT # 60 Name DISTRIBUTORS,	6 <b>1639</b> INC.	(5)				
Principal Place of Business		Mail	Mailing Address			I BU DUDI VIDI BRUI DUDI	<b>111</b> 11 <b>113</b> 1
9350 BALADA CORAL GABLES FL 33156			8350 BALADA CORAL GABLES FL 33156-2361				
					<ol> <li>Date Incorporated or Qualified 04/04/1980</li> </ol>	3a. Date of Last Re 04/29/1996	eport
2. Principal Pla	tee of Business		Mailing Address		4. FEI Number 59-2043569		plied For
21 Suite Apt #	Lota.		Suite, Apt. #, etc.	<u>,</u>	5. Certificate of Status Desired	\$8.75	
22 City & State		27	City & State	,,,,,,,	6. Election Campaign Financing	Fee Re \$5.00	
23	Couri	28	7φ	Country	Trust Fund Contribution	Added t	to Fees
Zip 24	25	29		30		Yes <b>XX</b> No	. 199.032,
51.00	9. Name and Addr RTEGUI, MARTA	ess of Current Registe	red Agent	81 Name	10. Name and Address of New Re	gistered Agent	
9350	BALADA			82 Street Add	Iress (P.O. Box Number is Not Acceptat	) ()	
, COR	AL GABLES FL 331	56		83		· · · · · · · · · · · · · · · · · · ·	
<b>*</b> .				84 City	······································	85 Zin (	Code
<ul> <li>11. Pursuant to</li> </ul>	o the provisions of Sec	choris 607.0502 and 607	7 1508. Florida Statute	84 City	poration submits this statement for the r	FL 📋	Code s registered
SIGNATURE _				es, the above-named cor outhorized by the corpora rida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep	burpose of changing its put the appointment as	
SIGNATURE _	Signature Typed or printed nar	tions 607,0502 and 607 th, in the State of Florida cept the obligations of t the of registered agent and blic OFF ICERS AND DIRECT	appeable. (NOT			DATE	s registered registered
SIGNATURE 12. 111.E	Stgrature Typed or printed nar ( PD	Le of registered agon; and Mc 1. OFFICERS AND DIRECT	appeable. (NOT	ss, the above named cor uthorized by the corpora prida Statutes. Registered Agort signature requined 13.	lired when reinstating)	DATE	s registered registered
SIGNATURE	Signature Typed or printed nam	Le of registered agon; and Mc 1. OFFICERS AND DIRECT	ancecable. (NOT) IORS	ss, the above named cor uthorized by the corpora prida Statutes. Registered Agort signature required 13.	lired when reinstating)	DATE	s registered registered IS IN 12
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SIGNATURE         E           12.         III.e           NAME         STREET ADCRESS           CITY-SI-ZIP         III.E	PD ELORTEGUI, MAR 9350 BALADA CORAL GABLES I STD	e of registered agent and ble T DFFICERS AND DIRECT TA FL	ancecable. (NOT) IORS	as, the above-named cor uthorized by the corpora rida Statutes. - Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S]-ZIP 2.1 TITLE	lired when reinstating)	DATE	s registered registered
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