

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 673053 (5)

1. Corporation Name

REAL DISTRIBUTING CORP.



Principal Place of Business

Mailing Address

8029 NW 60TH ST
PO BOX 520631
MIAMI FL 33166-6897

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PO BOX 520631
MIAMI FL 33166-6897

3. Date Incorporated or Qualified

06/11/1980

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2029566

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABRANTE, ALBERTO R.
8025 N.W. 60TH ST.
MIAMI FL 33166

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ABRANTE, ALBERTO

12 NAME

STREET ADDRESS 9380 SW 66 ST

13 STREET ADDRESS

CITY-STATE-ZIP MIAMI FL

14 CITY-STATE-ZIP

TITLE V ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ABRANTE, JOSE A

22 NAME

STREET ADDRESS 10383 SW 12TH STREET

23 STREET ADDRESS

CITY-STATE-ZIP MIAMI FL

24 CITY-STATE-ZIP

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ABRANTE, JOSE M.

32 NAME

STREET ADDRESS 9682 FOUNTAINBLEAU BLVD

33 STREET ADDRESS

CITY-STATE-ZIP MIAMI FL

34 CITY-STATE-ZIP

TITLE T ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME DE VARONA, MARTA

42 NAME

STREET ADDRESS 15433 S W 43 LN

43 STREET ADDRESS

CITY-STATE-ZIP MIAMI FL

44 CITY-STATE-ZIP

TITLE V ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ABRANTE, ALBERTO R

52 NAME

STREET ADDRESS 4639 N W 97 CT

53 STREET ADDRESS

CITY-STATE-ZIP MIAMI FL

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marta de Varona* Marta de Varona 1-16-96 (305)592-5558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)