

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90013 039 *****8.75

03-19-1999 90013 040 ***150.00

DOCUMENT # 673053

1. Corporation Name

REAL DISTRIBUTING CORP.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1980

4. FEI Number

59-2029566

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME ABRANTE, ALBERTO
STREET ADDRESS 9360 SW 66 ST
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME ABRANTE, JOSE A
STREET ADDRESS 10383 SW 12TH STREET
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME ABRANTE, JOSE M.
STREET ADDRESS 9682 FOUNTAINBLEAU BLVD
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE

NAME DE VARONA, MARTA
STREET ADDRESS 15433 S W 43 LN
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME ABRANTE, ALBERTO R
STREET ADDRESS 4639 N W 97 CT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Marta de Varona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marta de Varona
1-13-98 (305) 592-5558

CR2E034 (11/98)

0238887