FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 P 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **673699** **(5)**

1. Corporate Name

HERALD SQUARE DISTRIBUTOR COMPANY

Principal Place of Business	Mailing Address
% VICENTE LOPEZ 1901 NW NORTH RIVER DR., #A-308 MIAMI FL 33125	% VICENTE LOPEZ 1901 NW NORTH RIVER DR., ~~#A-308~~ A 208 MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1980**	3a. Date of Last Report: **05/17/1994**
4. FEI Number: **59-2008393**	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	10. Name and Address of New Registered Agent
LOPEZ, VICENTE 1901 NW NORTH RIVER DR., ~~#A-308~~ A-208 MIAMI FL 33125	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 Section 607.0501, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
91	P	☐ Change ☐ Addition
NAME	LOPEZ, VICENTE	
STREET ADDRESS	1901 NW NORTH RIVER DR. #A-208	
CITY ST ZIP	MIAMI FL	
92	V	☐ Change ☐ Addition
NAME	LOPEZ, BEATRIZ	
STREET ADDRESS	1901 NW NORTH RIVER DR. #A-208	
CITY ST ZIP	MIAMI FL	
93		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
94		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
95		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
96		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I 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)(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 above, or on an attachment with an address.

SIGNATURE: X Vicente Lopez 5/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

012095Z CP