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BLUMBERG/EXCELSIOR

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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

FOREIGN PROFIT QUALIFICATION

LDE Wholesale Distributor Co.

Certificate of Status	0
Certified Copy	0
Page Count	03.6
Estimated Charge	\$70.00

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7/8/04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 14, 2004

LDE WHOLESALE DISTRIBUTOR CO.
634 57TH STREET
WEST NEW YORK, NJ 07093SUBJECT: LDE WHOLESALE DISTRIBUTOR CO.
REF: W04000026274

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document SpecialistFAX Aud. #: H04000141721
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DIVISION OF CORPORATIONS

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H04000147213

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. LDE Wholesale Distributor Co.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 14-188-759

(FEI number, if applicable)

4. 8/10/03

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. JULY 15, 2004

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 834 57TH STREET WEST NEW YORK, NJ 07093

(Principal office address)

834 57TH STREET WEST NEW YORK, NJ 07093

(Current mailing address)

8. DISTRIBUTION OF PRODUCE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JULIO BRITO

Office Address: 2140 NW 13TH AVENUE

MIAMI

(City)

Florida 33142

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORSChairman: EDUARDO F. LOPEZAddress: 634 57TH STREET WEST NEW YORK, NJ 07093

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: EDUARDO F. LOPEZAddress: 634 57TH STREET WEST NEW YORK, NJ 07093

Vice President: _____

Address: _____

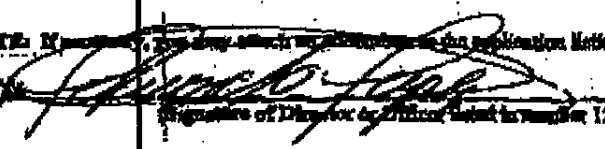
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to this application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of this application)14. EDUARDO F. LOPEZ, DIRECTOR

(Typed or printed name and capacity of person signing application)

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

L D E WHOLESALE DISTRIBUTOR CO
0400032024

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 10, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Eduardo Lopez
634 57th Street
West New York, NJ 07093

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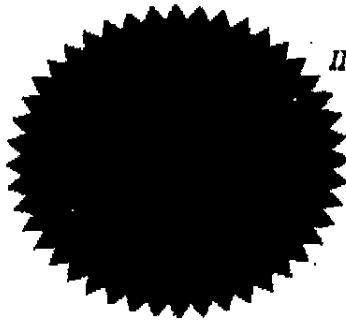
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

L D E WHOLESALE DISTRIBUTOR CO



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
15th day of July, 2004

John E McCormac, CPA
State Treasurer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JUL 21 A 10 01

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