

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # F37235 (1)
1. Corporation Name
E.C. DISTRIBUTORS INC.

| Principal Place of Business | Mailing Address |
|---------------------------------------|---------------------------------------|
| 151 S.E. 1ST STREET MIAMI FL 33131 | 151 S.E. 1ST STREET MIAMI FL 33131 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/03/1981

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 59-2094846 | Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | |
|--|--------------------------|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|------------------------------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CALIXTO, ENRIQUE
7235 SW 126TH ST.
MIAMI FL 33156

10. Name and Address of New Registered Agent

| 81 | Name |
|----|------|
|----|------|

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

83

| | |
|-----------|------|
| B4 | 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 reinslating)

DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE |
| NAME | CALIXTO, ENRIQUE | |
| STREET ADDRESS | 7235 SW 128TH ST. | |
| CITY - ST - ZIP | MIAMI FL | |

| | | |
|-----------------|-------------------|---------------------------------|
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | CALIXTO, GLADYS | |
| STREET ADDRESS | 7235 SW 126TH ST. | |
| CITY - ST - ZIP | MIAMI FL | |

| TITLE | NAME | STREET ADDRESS | CITY - ST. ZIP |
|-------|------|----------------|----------------|
| | | | |

| | | |
|----------------|--|---------------------------------|
| NAME | | <input type="checkbox"/> DELETE |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

| DATE-31-21 | TITLE | <input type="checkbox"/> DELETED |
|----------------|-------|----------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

| CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------------|-------|------|----------------|-------------|
| | | | | |

☐ DELETE

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | | |
|---------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |

| 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|--------------------|---------------------------------|-----------------------------------|
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY, ST, ZIP | | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY- ST- ZIP | | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY, ST, ZIP | | |

| | | |
|--------------------|---------------------------------|-----------------------------------|
| 4.4 CITY, ST, ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.1 TITLE | | |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY, ST, ZIP | | |

| | |
|---------------------|---|
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

James C. [Signature] 1/5/98 381-9547

CR2E034 (10/97)