

**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 # **F37288** (0)  
 1. Corporation Name  
**G. B. O. DISTRIBUTING CORP.**



Principal Place of Business: % PEDRO TUMA, P O BOX 650978, MIAMI FL 33265-7978  
 Mailing Address: % PEDRO TUMA, P O BOX 650978, MIAMI FL 33265-7978

3. Date Incorporated or Qualified: 06/04/1981  
 3a. Date of Last Report: 02/07/1995  
 4. FEI Number: 59-2082917  
 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. 193.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TUMA, RAFAEL, 9260 SW 164 ST, MIAMI FL 33157

10. Name and Address of New Registered Agent (81-84):  
 81 Name: Marilyn Tuma  
 82 Street Address (P.O. Box Number is Not Applicable): 6411 S.W. 133<sup>rd</sup> Court  
 83  
 84 City: Miami, FL 85 Zip Code: 33183

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: *Marilyn Tuma* MARILYN D. TUMA PDVST 3/21/96

12. OFFICERS AND DIRECTORS

TITLE	PDVS	<input checked="" type="checkbox"/> DELETE
NAME	TUMA, RAFAEL	
STREET ADDRESS	9260 SW 164 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1-2 NAME	Marilyn Tuma	
1-3 STREET ADDRESS	6411 S.W. 133 <sup>rd</sup> Court	
1-4 CITY-ST-ZIP	Miami, FL 33183	
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		
5-1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-2 NAME		
5-3 STREET ADDRESS		
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 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: *Marilyn Tuma* MARILYN D. TUMA PDVST 3/21/96 (200) 383-0003

CR2E034 (12/95)

990 74-4-96