

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 PM 3:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F 94000003178

1. Corporation Name:

ACCORA DISTRIBUTORS U.S.A. INC

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

9/16/93

2. Principal Place of Business 2a. Mailing Address

21 **5630 PACIFIC BLVD** 26 Suite, Apt. #, etc.

22 **# 808** 27 City & State

23 **BOCA RATON FL.** 28 City & State

24 **33433** 25 Country 29 Zip 30 Country

4. FEI Number **95-4449137** 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

81 Name **MORRIS RIMON**
82 Street Address (P.O. Box Number is Not Acceptable) **5630 PACIFIC BLVD # 808**
83
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 in printed name of registered agent and date of appointment)

(NOTE: Registered Agent has been required when registering)

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	1. TITLE
NAME	2. NAME
STREET ADDRESS	3. STREET ADDRESS
CITY, ST, ZIP	4. CITY, ST, ZIP
TITLE	5. TITLE
NAME	6. NAME
STREET ADDRESS	7. STREET ADDRESS
CITY, ST, ZIP	8. CITY, ST, ZIP
TITLE	9. TITLE
NAME	10. NAME
STREET ADDRESS	11. STREET ADDRESS
CITY, ST, ZIP	12. CITY, ST, ZIP
TITLE	13. TITLE
NAME	14. NAME
STREET ADDRESS	15. STREET ADDRESS
CITY, ST, ZIP	16. CITY, ST, ZIP
TITLE	17. TITLE
NAME	18. NAME
STREET ADDRESS	19. STREET ADDRESS
CITY, ST, ZIP	20. CITY, ST, ZIP

☒ Change ☐ Addition
P RIMON MORRIS
5630 PACIFIC BLVD # 808
BOCA RATON FL 33433
0000014842810
-05/11/95-01078-002
****200.00 ****200.00
☐ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

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(h)(4), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (typed)

4/25/95

RW