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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G18477** (1)

1. Corporation Name
DARMAN DISTRIBUTOR INC.

Principal Place of Business	Mailing Address
% GUILLERMO GARCIA 8430 NW 56TH ST MIAMI FL 33166	% GUILLERMO GARCIA 8430 NW 56TH ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/12/1983	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2254923	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

6. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARCIA, GUILLERMO 3660 SW 109 AVENUE MIAMI FL 33165		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	FL B5. 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, GUILLERMO 201 SW 62ND AVENUE MIAMI, FL 00000	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY. 3660 S.W 109 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA, DULCE M 201 SW 62ND AVENUE MIAMI, FL 00000	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY. 3660 S.W 109 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA JR, GUILLERMO 201 SW 62ND AVENUE MIAMI, FL 00000	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY. 200 S.E 15 ROAD UNIT-126 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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(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: *Guillermo Garcia Dulce Garcia* 04-21-95 (315) 592-3327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Typed Name #