

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G32183**

1. Corporation Name

APOLLO DISTRIBUTING CO.

Principal Place of Business

Mailing Address

**1925 BRICKELL AVE
STE D206
MIAMI FL 33129
US**

**1925 BRICKELL AVE
D206
MIAMI FL 33129
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BESU, ROGER
1925 BRICKELL AVE
STE D206
MIAMI FL 33129**

81 Name

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

83

84 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 agent.

Title Registered Agent (if not owner, partner, or officer)

Date

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **PTD
SAUMELL, ENRIQUE**
STREET ADDRESS **7010 N.W. 52ND ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE [] DELETE

NAME **VS
SAUMELL, MIRIAM**
STREET ADDRESS **7010 N.W. 52ND ST**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

700002818517--4
-03/25/99-01079--005
******150.00 ****150.00**

B-99
3-10-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(g), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Enrique Saumell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 (305) 854-4362

0194277

CR2E034 (11/98)