

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 # **086134**
1. Corporation Name
RODOLFO DISTRIBUTORS INC.

Principal Place of Business: **RODOLFO DISTRIBUTORS INC.**
Mailing Address: **RODOLFO DISTRIBUTORS INC.**

3. Date Incorporated or Qualified: **2/21/84**
3a. Date of Last Report: **1/16/95**

2. Principal Place of Business: **720 EAST 14TH PLACE**
2a. Mailing Address: **720 EAST 14TH PLACE**
4. FEI Number: **59-2369283**
Applied For: Not Applicable

22. Sube. Apt. #, etc.: **22**
27. Sube. Apt. #, etc.: **27**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **HALEAH, FL.**
28. City & State: **HALEAH, FL.**
6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**

24. Zip: **33010** Country: **DADE**
29. Zip: **33010** Country: **DADE**
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: **RODOLFO MORA**
82. Street Address (P.O. Box Number is Not Acceptable): **720 EAST 14TH PLACE**
83.
84. City: **HALEAH, FL.** FL 85. Zip Code: **33010**

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: *Rodolfo Mora* PRESIDENT DATE: **2/20/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODOLFO MORA	
STREET ADDRESS	720 EAST 14TH PLACE	
CITY, ST, ZIP	HALEAH, FL., 33010	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EMELDA MORA	
STREET ADDRESS	720 EAST 14TH PLACE	
CITY, ST, ZIP	HALEAH, FL., 33010	
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		

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	
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	

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*****200.00**

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: *Rodolfo Mora* PRESIDENT DATE: **2/20/96** (305) 888-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
15 2-28-96

CORPORATION/10/05E