

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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H19330** (0)
1. Corporation Name
COMMONWEALTH DISTRIBUTORS, INC.



Principal Place of Business 2800 NORTH 29TH AVE HOLLYWOOD FL 33020 US	Mailing Address 2800 NORTH 29TH AVE HOLLYWOOD FL 33020 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8400 NW 25th Street Suite, Apt. #, etc. 22 500 City & State 23 Miami, FL Zip 24 33122		2a. Mailing Address 26 8400 NW 25th Street Suite, Apt. #, etc. 27 500 City & State 28 Miami, FL Zip 29 33122		3. Date Incorporated or Qualified 09/04/1984	
Country 25 Dade		Country 30 Dade		4. FEI Number 59-2449295 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COHEN, BARRY N.
2800 NORTH 29TH AVE
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name Barry N. Cohen
82 Street Address (P.O. Box Number is Not Acceptable) 8400 NW 25th Street, Suite 500
83
84 City Miami, FL
85 Zip Code 33122

11. Pursuant to the provisions of Sections 607.0502 and 607.1502 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 *Barry N. Cohen* **4/15/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE Suite 500, 8400 NW 25th Street	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, BARRY N.		1.2 NAME	
STREET ADDRESS 2800 NORTH 29TH AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL		1.4 CITY-ST-ZIP Miami, FL 33122	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my address.

SIGNATURE: *Barry N. Cohen* **4/15/98** **305-436-0000**
Signature, typed or printed name of registered agent and title if applicable

CR2E034 (10/97)