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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

(0)

LAD SALES AND DISTRIBUTION, INC.

	SALLO AND DIGITADOTA		1 1849 H. BIRK WIN DOWN 1844 SHIN DIG BRAN DIG B					
Principal Place of 19840 SW 2 HOMESTEAL	234 ST	Mailing Address P.O. BOX 16350 MIAMI FL 33116						
US		US	US		3. Date Incorporated or Qualified 11/15/1984 3a. Date of Last Report 04/14/1995		port)95	
2. Principal Ptac	ce of Business	2a. Maining Address			4. FET Number 59-2473636			pplied For lot Applicable
Suite, Apt. #, etc.			Suite Apt. #, etc		5. Certificate of Status Desired		S8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Countr 30	у	8. This corporation has liability to	r intangible	e tax under s	
.41	9. Name and Address of Cur	and the state of t			10. Name and Address of New	Register	ed Agent	
			8	Name				
SCHNEIDER, LAZ L. 100 NE THIRD AVE #100			6:	2 Street	Address (P.O. Box Number is Not Accept	atile)		
	LAUDERDALE FL 33301		8	3				
			8	4 City		F	85 Zıç	Code
familiar witt SIGNATURE	ed agent, or both, in the State of the h, and accept the obligations of S Signature typed or printed name of registers a	ection 607.0505, Horida Sta	tutes		s board of directors. Thereby accept the ap	140	:	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS A		RS IN 12 Addition
TITLE	D D	☐ DELETE	1 1 Tills				☐ Change	Madition
NAME	GORDICH, DAVID 19640 SW 234 ST		12 NAM					
STREET ADDRESS	HOMESTEAD FL			ET ADORESS				
CITY - ST - ZIP TITLE	DS	DELETE	1.4 City 2 1 lift				Change	Addition
NAME	GORDICH, LANNA	13	2.2 NAM					
STREET ADDRESS	19640 SW 234 ST		23 STRE	ET ADDRESS				
CITY - SY - ZIP	HOMESTEAD FL		2.4 00%	- \$1 - ZIP				
TITLE		(DELETE	3 1 Hf:	F			☐ Change	Addition
NAME			3.2 NAM					
STREET ADDRESS				EET ADDRESS	5			
CITY - ST - ZIP		DELETE	3.4 CH y	· ST · ZIP	<u> </u>		Change	☐ Addition
TITLE		оси п	4 1 1:10 4 2 NAM					
NAME CERCEL ADDRESS				EL ADDRESS				
STREET ADDRESS				ST-ZIP				
CITY-ST-ZIP TITLE		DELETE					☐ Change	Addition
NAME			5.2 NAN	'F				
STREET ADDRESS			5 3 STR	ELLADORESS	5			
CITY-ST-ZIP			5.4 0:11	\$1 - 2 16				
TITLE		DELETE	6 1 1171	.E			Change	☐ Addition
NAME			6.2 NAN	ΙE				
STREET ADDRESS			63ST6	EFT ACORESS	5			
CITY, ST. 7IP			6.4 CITY	- S1 - Z1P				

14. Ido 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 arrural report or supplemental arrural 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if fanged, or on an attachment with an address. NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: