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 # H32343 (6) 1. Corporation Name O & P DISTRIBUTORS OF FLORIDA, INC.							
Principal Place of Business		Mailing Adoress	Mailing Address				
8390 NW 53RD ST Suite 300 Miami FL 33166		8390 NW 53RD ST Suite 300 Miami FL 33166					
				3. Date Incorporated or Qualified 12/04/1984	3a. Date of Last Report 08/10/1995		
Principal Piace of Business 21		2a. Maling Address	2a. Maling Address 26		4. FEI Number 59-2481651	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	Not Applicable \$8.75 Additional		
22]		27		5. Certificate of Status Desired	Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip Country		28	Country		8. This corporation has liability for	Added to rees	
24	25	29	ec.mq				
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New I	Registered Agent	
******	DIGI14D0 D		8	1 Name		ļ	
AUSTIN, RICHARD B. 300 ROCHESTER BLDG.			8	2 Street A	ddress (P.O. Box Number is Not Acceptal	olo)	
	W. 53RD ST.		B	3			
MIAMI FL 33166			8	4 City		85 Zip Code	
11. Pursuant to	n the provisions of Sections 607.05	02 and 607 1508 Florida Statut	les the above	-named cor	cooration submits this statement for the pu	rrose of changing its registered office	
or registere familiar with	ed agent, or both, in the State of Fl h, and accept the obligations of, S	orida. Such change was auth ori a	zed by the coi	rporation's t	poration submits this statement for the puxard of directors. I heroby accept the app	pointment as registered agent. I am	
SIGNATURE	,						
	Signature, typed or profind name of registered ag	gent and the Tapphitable (NI AND DIRECTORS	01E Registered Ar ■ 13.	jent signatura r≪	pulsed which relies telting) ADDITIONED OF ANGES TO GET	DATE FICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1.11IIL	E	AUDITIONS/OFFAINGES TO OFF	Change Addition	
NAME	O'REILLY, INELDO .	b/	1.2 NAME			tered V treed	
STREET ADDRESS	4847 E 10TH CT.		1.3 \$TRE	ET ADDRESS			
C(TY-S1-ZIP	HIALEAH FL		1.4 CITY	-ST-ZIF			
TIRE	SD DELETE		2 1701.			Change Addition	
NAME Dangert and the con-	O'REILLY, MAGALY 4847 E 10TH CT.		2 2 NAM				
STREET ADDRESS	HIALEAH FL			ET ADDRESS		İ	
CITY-ST-ZIP TITLE	MACLANTIL	[] DELETE	2.4 CHY 3.1 TOU			Change Addition	
NAME			3.2 NAM				
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-S1-7IP			34 CHY	- ST-7IP			
TOLE		□ DELETE :	4 1 10111	t.		Change Addition	
NAME			4.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-7-P TITLE	[] DILETE		4.4 CHY 5.1 Till			Change Addition	
NAME			5.2 NAMI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	+			
TITLE	[] DELETE		6 1 1 HTLI	+		Change Addition	
NAME			6.2 NAM	.			
STREET ADDRESS			6 3 STRE	LI ADDRESS			
CITY-ST-ZIF	could that the laterer	of a file flate files to continue to 2	6.4 CrTY		6, for the exemption stated in Posting 440	07/3/W Florida Statistan I further	
					fy for the exemption stated in Section 119 surate and that my signature shall have the		

cently that the information improved on this arrival report of supplienterina arrival 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 brodor 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/I changed, or on an attachment with an address.

Ineldo O'Reillv 4/1/96 (305) 592-0036

R OR DIRECTOR

4/1/96 (305) 592-0036 Ineldo O'Reilly

Daytime Phone #