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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H32343 (6)

1. Corporation Name

O & P DISTRIBUTORS OF FLORIDA, INC.

Principal Place of Business

8390 NW 53RD ST
SUITE 300
MIAMI FL 33166

Mailing Address

8390 NW 53RD ST
SUITE 300
MIAMI FL 33166-7800



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

29

9. Name and Address of Current Registered Agent

AUSTIN, RICHARD B.
300 ROCHESTER BLDG.
8390 N.W. 53RD ST.
MIAMI FL 33166

3. Date Incorporated or Qualified
12/04/1984

3a. Date of Last Report
05/01/1996

4. FET Number
59-2481651

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'REILLY, INELDO
STREET ADDRESS 4847 E 10TH CT.
CITY-ST-ZIP HIALEAH FL

TITLE SD
NAME O'REILLY, MAGALY
STREET ADDRESS 4847 E 10TH CT.
CITY-ST-ZIP HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME O'Reilly, Ineldo
1.3 STREET ADDRESS 8726 NW 119 St Bay #1
1.4 CITY-ST-ZIP Hialeah Gardens, FL 33018

2.1 TITLE Vice President
2.2 NAME O'Reilly, Magaly
2.3 STREET ADDRESS 8726 NW 119 St Bay #1
2.4 CITY-ST-ZIP Hialeah Gardens, FL 33018

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: INELDO O'Reilly 4/1/97 (305) 592-0036

CR2E034 (9/96)