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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

₹	MENT # <b>H4036</b> 9 CAN FILM WHOLESALERS, I				
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		)/1 E1014 91014 Q1014 Q1041 ##014 01841 1601
8776 S.W. 129TH STREETT		8776 S.W. 129TH STREETT			
MIAMI FL 33176 MIAMI FL 33176		F11			
					E IN THIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		01/31/1985 4. FEI Number	Applied For
21		26		59-2482160	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	9. Name and Address of Current	1 Societared Agent	30	Personal Property Tax due June	
201	<del></del>	t Hogistotou Agolit	81 Name	10. Name and Address of New Re	gistered Agent
	ND, ROBERT T.J. '6 S.W. 129TH STREETT				
	Mi FL 33176		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)
MIN	MMI LE 22110		83	4	
					85 Zip Code
			84 City		
11. Pursuant	to the provisions of Sections 607 0506	and 697.1508, Florida Statu	[ ]	rporation submits this statement for the p	
11. Pursuant office or ragent. La	to the provisions of Sections 607 0505 egistered agent, or both, in the State or familiary the second the obliga-	and 697 1508. Florida Stati of Florida. Such Chapte was titons at, Secta 2007,0505, F	[ ]	rporation submits this statement for the pation's board of directors. I hereby accel	
SIGNATURE	to the provisions of Sections 607 0506 egistered agent, or both, in the State or familiar of the object.	18/ alson	[ ]	rporation submits this statement for the pation's board of directors. I hereby accept the pation of	
SIGNATURE	Signature, typed or printed name of registore's along OFFICERS AND	and trie if applicable (NC	iles, the above-named cor authorized by the corpora fortia statules.	RI I. A. BONA	DATE
SIGNATURE  12. TITLE	Signature, lyped or printed name of registore's engree	and trie if applicable (NC	ules, the above-named cor authorized by the corpora- fordia statutes.	PI 1 - M. SONA Jired when reinstating)	DATE
SIGNATURE  12. TITLE NAME	Signature Typed or printed name of registore's elegan OFFICERS AND PST BOND, ROBERT T.J.	Ind trie if applicable (NC	ules, the above-named cor authorized by the corpora- fordia statutes.	PI 1 - M. SONA Jired when reinstating)	DATE  DERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, Typed or printed name of registore's elegan OFFICERS AND PST BOND, ROBERT T.J. 8776 S.W. 129TH STREET	Ind trie if applicable (NC	ites, the above-named core authorized by the corporatoria Statutes.  Order Registered Agont signature required.  13.  1.1 TITLE	PI 1 - M. SONA Jired when reinstating)	DATE  DERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, Typed or printed name of registore's elegant of the part of the par	ond lefe if applicable (NC) DIRECTORS DELETE	utes, the above-named core autorized by the corporatorial statutes.  JOE Registered Agont signature requirements.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	PI 1 - M. SONA Jired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. Typed or printed name of registore's elegant of the part of the par	Ind trie if applicable (NC	utes, the above-named core autoritied by the corporation of statutes.  13.  1.1 ITILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE	PI 1 - M. SONA Jired when reinstating)	DATE  DERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	Signature Typed or printed name of registore's elegant PST BOND, ROBERT T.J. 8776 S.W. 129TH STREET MIAMI FL D BOND, ROBERT T.J.	ond lefe if applicable (NC) DIRECTORS DELETE	utes, the above-named core authorized by the corporation of statules.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PI 1 - M. SONA Jired when reinstating)	DATE  CERS AND DIRECTORS IN 12  Change Addition
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4. 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 distance 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 extension with an extress.

1-9-98 208-252-1090

**FILED** 

Jan 21 1998 8:00am

Secretary of State