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95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # H41938 (2)

1. Entity Name
JFL DISTRIBUTORS, INC.

Principal Place of Business
2500 NW 5TH AVENUE
MIAMI FL 33127

Mailing Address
2500 NW 5TH AVENUE
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1985
3a. Date of Last Report: 10/07/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 59-2492705
☐ Applied For
☐ Not Applicable

Suite, Apt. # or
22

Suite, Apt. # or
27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City
24

County
25

City
29

County
30

8. The corporation has taxable, or intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KERN, JEFFREY A., ESQ.
11900 BISCAYNE BLVD., #264
NORTH MIAMI BEACH FL 33181

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 Section 607.1501 or 617.1501, 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. The corporation is authorized to do business in Florida, and the appointment of registered agent and the address of the registered office are in accordance with Section 48.091, Florida Statutes.

SIGNATURE

12. OFFICER AND/OR DIRECTOR		13. ADDITION, CHANGE OR DELETION OF OFFICER AND/OR DIRECTOR
TITLE	PST	☐ Change ☐ Addition
NAME	SUAREZ, JERRY	
STREET ADDRESS	2500 NW 5TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	☐ Change ☐ Addition
NAME	SUAREZ, JERRY	
STREET ADDRESS	2500 NW 5TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. To the best of my knowledge, the information supplied with the above is voluntarily furnished and does not qualify for the exemptions 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 above or on an attachment with an address.

SIGNATURE: [signature] 5/5/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0124710 CP