

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J42456 (0)

1. Corporation Name

GLOBAL WHOLESALERS, INC.

Principal Place of Business

15775 NORTHWEST 15 AVENUE  
MIAMI FL 33169

Mailing Address

15775 NORTHWEST 15 AVENUE  
MIAMI FL 33169



3. Date Incorporated or Qualified

11/17/1986

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2741154

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARROW, KENNETH F.  
9200 S. DADELAND BLVD.  
SUITE 123, DADELAND TOWERS N.  
MIAMI FL 33156

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME COURIEL, JOSEPH  
STREET ADDRESS 15775 NW 15TH AVE  
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME APPEL, JOEL  
STREET ADDRESS 15775 NW 15TH AVE  
CITY- ST- ZIP MIAMI FL

TITLE S ☐ DELETE  
NAME FISHMAN, PHILIP  
STREET ADDRESS 15775 NE 15TH AVE  
CITY- ST- ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME FELDBERG, SAUL  
STREET ADDRESS 15775 NW 15TH AVE  
CITY- ST- ZIP MIAMI FL

TITLE T ☐ DELETE  
NAME SOLL, LAUREN  
STREET ADDRESS 15775 NW 15TH AVE  
CITY- ST- ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

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

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

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

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

400001796114  
-04/26/96--01043--020  
\*\*\*200.00

14. I do 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 annual report or supplement to an 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, 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 correct or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. COURIEL

4-12-96

305-625-9053

CR2E034 (12/95)

4-26-96