FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 27 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86010 (2)

1. Corporation Name
BESTWAY DISTRIBUTION SERVICES, INC.

Principal Place of Business	Mailing Address
8201 NW 56 ST MIAMI FL 33166 US	8201 NW 56 ST MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1987
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0004319 ☐ 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

9. Name and Address of Current Registered Agent

HIGHT, NORTON F.
~~20191 E. COUNTRY CLUB DR.~~
~~#1601~~
~~N. MIAMI BEACH FL 33180~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3500 Mystic Pte Dr.
83: TWR 400/APT 3207
84 City: Aventura FL 85 Zip Code: 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	CDS ☒ Change ☐ Addition
NAME	HIGHT, NORTON F.	1.2 NAME	HIGHT, Norton F.
STREET ADDRESS	20191 E. COUNTRY CLUB DR	1.3 STREET ADDRESS	3500 Mystic Pte Dr, TWR400/APT3207
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VDS	2.1 TITLE	VDT ☒ Change ☐ Addition
NAME	SNYDER, PHILIP M.	2.2 NAME	SNYDER, PHILIP M.
STREET ADDRESS	3850 N. 36TH AVE.	2.3 STREET ADDRESS	3850 N. 36 Ave, Villa 45
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE		3.1 TITLE	P ☐ Change ☒ Addition
NAME		3.2 NAME	GALINSKY, MARTIN
STREET ADDRESS		3.3 STREET ADDRESS	8201 NW 56 ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33180
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ NORTON F. HIGHT 3/20/95 (305) 591-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0101030 CP