

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 19 1996 8:00 am  
Secretary of State

DOCUMENT # K17083 (2)

1. Corporation Name

TAURUS DISTRIBUTORS, INC.



Principal Place of Business

16175 NW 49 AVE  
MIAMI FL 33014-314  
US

Mailing Address

16175 NW 49 AVE  
MIAMI FL 33014-314  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

COPROLITE CORPORATION  
1400-A AMERIFIRST BUILDING  
1 SE 3RD AVE  
MIAMI FL 33131

3. Date Incorporated or Qualified

03/04/1988

3a. Date of Last Report

03/01/1995

4. FEI Number

65-0038767

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
MURGEL, CARLOS A.P.  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

1.2 TITLE ☐ DELETE

NAME  
VAS  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

1.3 TITLE ☐ DELETE

NAME  
SOARES, RUY  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

1.4 TITLE ☐ DELETE

NAME  
ESTIMA, LUIS F.  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

1.5 TITLE ☐ DELETE

NAME  
BLENKER, DAVID  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

1.6 TITLE ☐ DELETE

NAME  
AS  
STREET ADDRESS  
16175 NW 49 AVE  
CITY, ST, ZIP  
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

V/AT  
SOARES, RUY  
16175 N.W. 49th Avenue  
Miami, FL

AS  
BLOOM, SI H.  
16175 N.W. 49th Avenue  
Miami, FL

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 2, 1996

Daytime Phone #

624-1115

CR2E034 (12/95)