

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90081 008 ***150.00

DOCUMENT # K18891

1. Corporation Name

SONIHAR DISTRIBUTORS CORP.

Principal Place of Business

Mailing Address

10711 S.W. 47 Terrace
MIAMI, FL. 33165

P.O. Box 65-1741
MIAMI, FL. 33265-1741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

March 18, 1988

2. Principal Place of Business

2a. Mailing Address

21 10711 S.W. 47 Terrace

26 P.O. Box 65-1741

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, Florida

28 MIAMI, Florida

Zip

Country

Zip

Country

24 33165

25 U.S.A.

29 33265-1741

30 U.S.A.

4. FEI Number

65-0052692

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIANO R. CARLES
11752 S.W. 15 ST.
MIAMI, FL. 33184

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 PRESIDENT ☐ DELETE
NAME SONIA STELLA CARLES
STREET ADDRESS 11752 S.W. 15 ST
CITY-ST-ZIP MIAMI, FL 33184

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

TITLE Vice President/Treasurer ☐ DELETE
NAME MARIANO R. CARLES
STREET ADDRESS 11752 S.W. 15 ST
CITY-ST-ZIP MIAMI, FL 33184

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

TITLE Secretary ☒ DELETE
NAME GUILLERMO GALLEGOS
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE P/S ☐ Change ☒ Addition
3.2 NAME SONIA STELLA CARLES
3.3 STREET ADDRESS 11752 S.W. 15 ST
3.4 CITY-ST-ZIP MIAMI, FL 33184

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE: MARIANO R. CARLES

03/31/99

(305) 220-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)