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

FILED PROFIT Apr 22 1998 8:00am ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # K66886 (8) A & D DISTRIBUTORS, INC. Principal Place of Business Mailing Address 10975 SW 40TH ST. 10975 SW 40TH ST. MIAM! FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1989 Applied For SIRD RD 147 BIRD KOAD 65-0100684 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required State 6. Election Campaign Financing \$5.00 May Be IAMI Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible USA Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent . Name and Address of Current Registered Agent 81 Name 12890 S.W. 149 AVENUE STREET MIAMI FL 33128 .33/86 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change TITLE 1.1 TO LE CARLO, YVETTE NAME 1.2 NAME 12890 SW 149TH ST. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition VS 2.1 TITLE TITLE **GRIZEL, MONROY** 2.2 NAME 11375 SW 112TH TERR. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** 2. 4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- 2IP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

CITY-ST-ZIP