...ILL BE DISSOLV ...ON U... AFTER AUGUST 7, 1996. ...97
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 (7)

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

1997

APPROVED AND FILED

97 JAN -8 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K96021

1. Corporation Name
M.V. DISTRIBUTORS INC.

Principal Place of Business	Mailing Address
914 MATANZAS AVE CORAL GABLES FL 33146	914 MATANZAS AVE CORAL GABLES FL 33146

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: 65-0119496 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

GARY D LIPSON
914 MATANZAS AVE
CORAL GABLES FL 33146

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: _____ 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	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEVIN, ROBERT S		1.2 NAME		
STREET ADDRESS	914 MATANZAS AVE		1.3 STREET ADDRESS	914 MATANZAS AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	LEVEN, JUANITA K		2.2 NAME		
STREET ADDRESS	914 MATANZAS AVE		2.3 STREET ADDRESS	914 MATANZAS AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146		2.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LEVIN, SUSAN L.		3.2 NAME		
STREET ADDRESS	914 MATANZAS AVE		3.3 STREET ADDRESS	914 MATANZAS AVE	
CITY-ST-ZIP	CORAL GABLES FL 33146		3.4 CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME			4.2 NAME	400002059264---4	
STREET ADDRESS			4.3 STREET ADDRESS	-01/15/97--01080--001	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****225.00 ****225.00	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

M.V. DISTRIBUTORS INC

SIGNATURE: By: Susan L Levin 1/8/97 305 667-2538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUSAN L. LEVIN VICE PRESIDENT