

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90116 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K83893

1. Corporation Name
GARPER DISTRIBUTORS, INC.

Principal Place of Business 3661 W. FLAGLER ST MIAMI FL 33135	Mailing Address 3661 W. FLAGLER ST MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		27 Mailing Address		3. Date Incorporated or Qualified	
21	5795 W. Flagler St	27	5795 W. Flagler St	04/27/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FEI Number	
				65-0116423	
22 City & State		28 City & State		5. Certificate of Status Desired	
MIAMI, FL		MIAMI, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		29 Zip		6. Election Campaign Financing	
33144		33144		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax.	
USA		USA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PEREZ, ANDRES
 3661 W. FLAGLER STREET
 MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Not Acceptable)	5795 W. Flagler St
83	
84 City	MIAMI
85 Zip Code	FL 33144

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

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	PERES, BERTHA M	
STREET ADDRESS	6735 SW 32 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	PEREZ, ANDRES	
STREET ADDRESS	6735 SW 32 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PEREZ, MARIA C	
STREET ADDRESS	6735 SW 32 TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria C. Perez MICHELE PEREZ, Sec. 1/8/99 305-269-7972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)