

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 17 PM 11:23

DOCUMENT # L26558 (1)

1. Corporation Name
F. C. & J. DISTRIBUTORS, INC.

Principal Place of Business

**8009 N.W. 54 ST.
MIAMI FL 33106**

Mailing Address

**8009 N.W. 54TH ST.
MIAMI FL 33155
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/30/1989** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0158542** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **8029 NW 54 St**
Suite, Apt. #, etc.

22

City & State

23 **Hiami, FL**

24 **33166** 25 **U.S.A.**

2a. Mailing Address

26 **8029 NW 54 St**
Suite, Apt. #, etc.

27

City & State

28 **Hiami, FL**

29 **33166** 30 **U.S.A.**

B. Name and Address of Current Registered Agent

**LUIS M. GONZALEZ
1243 W. 78TH ST.
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name **Luis M. Gonzalez**
82 Street Address (P.O. Box Number is Not Acceptable) **8029 N.W. 54 St**
83
84 City **Hiami** FL 85 Zip Code **33166**

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

TITLE	P
NAME	GONZALEZ, LUIS M.
STREET ADDRESS	1243 W 78 ST
CITY - ST - ZIP	HIALEAH FL
TITLE	VST
NAME	JESUS CORTEZ
STREET ADDRESS	141 S.W. 113TH AVENUE, #103
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GONZALEZ, LUIS M.	
1.3 STREET ADDRESS	8029 N.W. 54 St	
1.4 CITY - ST - ZIP	Hiami FL 33166	
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JESUS CORREA	
2.3 STREET ADDRESS	14693 S.W. 112 St	
2.4 CITY - ST - ZIP	Miami, FL 33186	
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 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:

Luis Gonzalez 4/12/95 (305) 594-7099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number