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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L60095

(1)

NISH DISTRIBUTERS INC.

Principal Place of Business	Mailing Address	I INDICATE ON BUILDING	Arni Abela imtas anii Brain Gibel asam
6945 NE 3RD AVE MIAMI FL 33138	296 NE 62ND ST Miami FL 33138-6015 US	`	·.

Suite, Apt #, etc. Suite,	Applied For Not Applicable Additional Required D May Be at to Fees s. 199.032,
Suite, Apt. #, etc. City & State Country Zip Country Signature and Address of Current Registered Agent VILONE, ALFRED 280 E. LAS OLAS BLVD FT LAUDERDALE FL 33301 L Signature to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent alarm furnition with, and acceptable of highlands of public registered agent, or both, in vice State of Floridance as authorized by the corporation's board of directors. I hereby accept the appointment and agent alarm furnition with, and acceptable of public registered agent, or both, in vice State of Floridance as authorized by the corporation's board of directors. I hereby accept the appointment and agent alarm furnition with, and acceptable of public registered Agent expressed when reresting DAIK 11. Pursuant to the provisions of Sections 607 0502 and 607 0505. Floridad Statutes, the above-named corporation submits this statement for the purpose of changing agent alarm furnition with, and acceptable of purpose of changing agent alarm furnition with, and acceptable registered Agent expressed when reresting DAIK SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS DELETE 1.1 TITLE DELETE 2.1 TITLE AMME SANON, REYNALD SANON SANON SANON SANON SANON SANON SANON SANON SANON SANON SANON SANON SANON S	Not Applicable Additional Required D May Be d to Fees s. 199.032,
Suite, Apt #, etc. Suite, Apt #, etc. Suite, A	Additional Required May Be d to Fees s. 199.032,
27 City & State	D May Be d to Fees s. 199.032,
Trust Fund Contribution Added Zip Country Zip Country 8, This corporation has liability for injungible tax under Plotting Statutes 2 29 30 10, Name and Address of New Registered Agent VILONE, ALFRED 2500 E. LAS OLAS BLVD FT LAUDERDALE FL 33301 A 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 A 84 City FL 25 Signature signate of acceptable or registered agent, or both, inches state of Floridan Statutes, the above-named corporation submits this statement for the purpose of changing agent and familiar with, and acceptable or originate agent	d to Fees s. 199.032,
Country Zip Country Zip Country Zip Country S. This corporation has liability for intensible tax under Florida Statutes Zip Yes No No No No No No No N	o Code
VILONE, ALFRED 2500 E. LAS OLAS BLVD FT LAUDERDALE FL 33301 83 84 City FL 85 Zig Other or registered agent, or both, inche State of Floridan Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, inche State of Floridan Submits agent train familiar with, and accept the objection 607.0505, Florida Statutes SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR DELETE 1.1 TITLE SANON, REYNALD SANON, REYNALD SANON, REYNALD 1.2 SANON, REYNALD SIREEL ADDRESS CITY-ST-ZIP IIILE DELETE 1.1 TITLE DELETE 1.2 TITLE DELETE 1.3 SIREEL ADDRESS CITY-ST-ZIP IIILE DELETE 1.4 CITY-ST-ZIP IIILE DELETE 3.1 TITLE Change NAME 2.3 SIREET ADDRESS CITY-ST-ZIP IIILE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP IIILE NAME 3.3 STREET ADDRESS CITY-ST-ZIP IIILE NAME 3.4 City Statement for the purpose of changing of changing was authorized by the corporation's board of directors. I hereby accept the appointment a dependent required when rengisting) DATE 1.2 OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITY-ST-ZIP IIILE DELETE 3.1 TITLE Change STREET ADDRESS CITY-ST-ZIP IIILE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP IIILE NAME 3.3 STREET ADDRESS CITY-ST-ZIP IIILE NAME 3.3 STREET ADDRESS	
2500 E. LAS OLAS BLVD FT LAUDERDALE FL 33301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 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 a agent 1 am familiar with, and acceptable obligations of Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE Signature type of impastered agent and tilk appointment a gent appointment a gent and tilk appointment a gent and tilk appointment a gent and tilk appointment a	
2500 E. LAS OLAS BLVD FT LAUDERDALE FL 33301 82 Street Address (P.O. Box Number is Not Acceptable) 83	
FT LAUDERDALE FL 33301 B3 B4 City FL 85 Zip 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing 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 a agent Lamiliar with, and accept the suppointment a statutes. SIGNATURE Signification by the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment a agent Lamiliar with, and accept the appointment a statutes. SIGNATURE Signification for reliably registered agent and title alphanature required when renating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITLE SANON, REYNALD B4 City FL 85 Zignification appointment a agent lamiliar with, and accept the appointment a gent lamiliar gent	
### City ### Land Expensions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Floridan Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent I am familiar with, and accepture obligations of Section 607.0505, Florida Statutes. ### SIGNATURE	
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 office or registered agent, or both, inche State of Floridan Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, liquid or present registered agent and eller algorisable (NOTE: Registered Agent eignature required when renstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITLE NAME SANON, REYNALD SANON, REYNAL	
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 office or registered agent, or both, in the State of Floridan Such change was authorized by the corporation's board of directors. I hereby accept the appointment a agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY - ST - ZIP TITLE NAME SANON, REYNALD 6945 NE 3RD AVE 1.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change NAME SIRELT ADDRESS CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change NAME 3.3 STREET ADDRESS CITY - ST - ZIP TITLE 3.1 TITLE 3.3 TITLE 3.3 NAME 3.3 STREET ADDRESS CITY - ST - ZIP TITLE 3.4 CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS CITY - ST - ZIP TITLE 3.5 TREET ADDRESS	
SIGNATURE Signature, lepend or printed registered agent and tilk abandable (NOTE: Registered Agent signature required when renstating) DATE 12.	its registered is registered
SIGNATURE Signature, lyped or predest regardered agent and tilled algoridable (NOTE: Registered Agent eignature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS TITLE PTD DELETE 1.1 TITLE Change NAME SANON, REYNALD 12 NAME STREET ADDRESS CHY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change NAME STREET ADDRESS CTY-ST-ZIP 2.2 NAME STREET ADDRESS CTY-ST-ZIP 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE Change 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 1.1 LE Change NAME 3.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP TITLE 3.3 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS	
DELETE	50.01.40
NAME SANON, REYNALD 12 NAME 1.3 STREET ADDRESS 6945 NE 3RD AVE 1.3 STREET ADDRESS	
STREET ADDRESS 6945 NE 3RD AVE 1.3 STREET ADDRESS	וטואמטא נייין
DELETE	
DELETE DELETE 2.1 TITLE Change	
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS	Addition
23 STREET ADDRESS 24 CITY - ST - ZIP 25 CITY - ST - ZIP 26 CITY - ST - ZIP 27 CITY - ZIP 2	LJ AUGIROI
CITY - ST - ZIP 2 4 CITY - ST - ZIP	
TITLE DELETE 3.1 TITLE DAME NAME STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS	
NAME STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS	Addition
STREET ADDRESS 3.3 STREET ADDRESS	
CHY-ST-ZIP	Addition
	[_] Addillo
NAME 4, 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY - \$1 - ZIF	Addition
	F" AMINO
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	T 1 4 4 5 5 5
TITLE DELETE 6.1 TITLE 400002138614	Addition Addition
NAME 40002138614	
STREET ADDRESS ###165 DD	. الا

14. If do hereby certify that the information supplied with this filing does not oxalify 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 prinowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4: 3/21/97

Daytime Phone # 0188945

FILED

Apr 09 1997 8:00am

Secretary of State