

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L78389** (8)

1. Corporation Name

SOUTHEASTERN BASE DISTRIBUTORS, INC.

Principal Place of Business

**5511 NW 37 AVE.
MIAMI FL 33142**

Mailing Address

**5511 NW 37 AVE.
MIAMI FL 33142**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

24

25

29

Country

9. Name and Address of Current Registered Agent

**OSMANI RODRIGUEZ
4804 S.W. 128TH PLACE
MIAMI FL 33175**

3. Date Incorporated or Qualified

05/31/1990

3a. Date of Last Report

03/27/1995

4. FEI Number

65-0201854

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**

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

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 607.0532 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 (if not applicable)

Signature, typed or printed name of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** ☐ DELETE
NAME: **RODRIGUEZ, RUBEN**
STREET ADDRESS: **5511 NW 37TH AVE**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: **D** ☐ DELETE
NAME: **FERNANDEZ, JUAN**
STREET ADDRESS: **5511 NW 37TH AVE**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: **DST** ☐ DELETE
NAME: **OSMANI RODRIGUEZ**
STREET ADDRESS: **5511 N.W. 37TH AVENUE**
CITY-STATE-ZIP: **MIAMI FL**

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-STATE-ZIP:

5. TITLE: ☐ Change ☐ Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-STATE-ZIP:

9. TITLE: ☐ Change ☐ Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-STATE-ZIP:

13. TITLE: ☐ Change ☐ Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-STATE-ZIP:

17. TITLE: ☐ Change ☐ Addition
18. NAME:
19. STREET ADDRESS:
20. CITY-STATE-ZIP:

21. TITLE: ☐ Change ☐ Addition
22. NAME:
23. STREET ADDRESS:
24. CITY-STATE-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 registered agent 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:

Osmani Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 (305)
635-4933
City/State/Phone #

CR2E034 (12/95)