

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500

FILED  
Mar 02 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998  |                     | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Monti<br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
|--|---------------------|---|--|
| DOCUMENT # L78389 (8)<br>1. Corporation Name<br>SOUTHEASTERN BASE DISTRIBUTORS, INC.   |                     |   |  |
| Principal Place of Business<br>5511 NW 37 AVE.<br>MIAMI FL 33142   |                     | Mailing Address<br>5511 NW 37 AVE.<br>MIAMI FL 33142  |  |
| DO NOT WRITE IN THIS SPACE   |                     |   |  |
| 2. Principal Place of Business   |                     | 3. Date Incorporated or Qualified<br>05/31/1990   |  |
| 21   | 2a. Mailing Address | 4. FEI Number<br>65-0201854   |  |
| Suite, Apt. #, etc.  |                     | Applied For<br><input checked="" type="checkbox"/> Not Applicable   |  |
| 22   | 2b. Mailing Address | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |
| City & State   |                     | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 23   | 2c. Mailing Address | 7. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| 24   | 2d. Mailing Address | 8. This corporation owes or has paid the current year intangible<br>Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |  |
| 25   | 2e. Mailing Address | 9. Name and Address of Current Registered Agent<br>OSMANI RODRIGUEZ<br>4804 S.W. 128TH PLACE<br>MIAMI FL 33175  |  |
| 26   | 2f. Mailing Address | 10. Name and Address of New Registered Agent<br>1 Name OSMANI RODRIGUEZ<br>2 Street Address (P.O. Box Number is Not Acceptable)<br>3511 N.W. 37TH AVENUE<br>3 City MIAMI FL 33142 |  |
| 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  |                     |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)   |                     |   |  |
| 12. OFFICERS AND DIRECTORS   |                     |   |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                     |   |  |
| 1.1 TITLE  |                     |   |  |
| 1.2 NAME   |                     |   |  |
| 1.3 STREET ADDRESS   |                     |   |  |
| 1.4 CITY - ST - ZIP  |                     |   |  |
| 2.1 TITLE  |                     |   |  |
| 2.2 NAME   |                     |   |  |
| 2.3 STREET ADDRESS   |                     |   |  |
| 2.4 CITY - ST - ZIP  |                     |   |  |
| 3.1 TITLE  |                     |   |  |
| 3.2 NAME   |                     |   |  |
| 3.3 STREET ADDRESS   |                     |   |  |
| 3.4 CITY - ST - ZIP  |                     |   |  |
| 4.1 TITLE  |                     |   |  |
| 4.2 NAME   |                     |   |  |
| 4.3 STREET ADDRESS   |                     |   |  |
| 4.4 CITY - ST - ZIP  |                     |   |  |
| 5.1 TITLE  |                     |   |  |
| 5.2 NAME   |                     |   |  |
| 5.3 STREET ADDRESS   |                     |   |  |
| 5.4 CITY - ST - ZIP  |                     |   |  |
| 6.1 TITLE  |                     |   |  |
| 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 if changed, or on an attachment with an address. |                     |   |  |
| SIGNATURE: <i>Osmani Rodriguez</i> 2-23-98 (305) 635-4933  |                     |   |  |

CR2E034 (10/97)