

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M03266 (7)

1. Corporation Name

DEAL DISTRIBUTORS, INC.



Principal Place of Business

8550 W. FLAGLER ST., SUITE 121  
MIAMI FL 33144

Mailing Address

8550 W. FLAGLER ST., SUITE 121  
MIAMI FL 33144

2. Principal Place of Business

2a. Mailing Address

21 9700 SW 6 STREET  
Suite, Apt. #, etc.

26 9700 SW 6 STREET  
Suite, Apt. #, etc.

22 City & State  
MIAMI, FL

27 City & State  
MIAMI, FL

23 Zip  
33174

28 Zip  
33174

24 Country  
DADE

29 Country  
DADE

9. Name and Address of Current Registered Agent

AZAN, JESUS  
8550 W. FLAGLER  
MIAMI FL 33144

3. Date Incorporated or Qualified

07/27/1984

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0100469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

JESUS AZAN

82 Street Address (P.O. Box Number is Not Acceptable)

9700 SW 6 STREET

83

84 City

MIAMI

FL

85 Zip Code

33174

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME AZAN, JESUS  
STREET ADDRESS 8735 SW 88 CT 9700 SW 6 STREET  
CITY-ST-ZIP MIAMI-FL MIAMI FL 33174

TITLE S  
NAME AZAN, ELVIA  
STREET ADDRESS 8735 S.W. 88TH CT. 9700 SW 6 STREET  
CITY-ST-ZIP MIAMI-FL MIAMI FL 33174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS AZAN 4/08/96 (305) 554-9172

CR2E034 (12/95)