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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

18YO MW 159 ST

M19835 **DOCUMENT #** 

(1)

Mailing Address

1600 NW 159 ST.

ARD DISTRIBUTORS, INC.

MIAMI FL 33169		MIAMI FL 33169					
					<ol> <li>Date incorporated or Qualified 08/26/1985</li> </ol>	3a. Date of Last R 04/20/19	95
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
1		26			59-2573425		Not Applicable
Suite, Apt. #, etc. 2 City & State		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi		
		City & State		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees			
Zip	Country	Z(p	C⊘( 30	untry	This corporation has liability for in     Florida Statutes Yes		199.032,
<u> </u>	9 Name and Address of Curren			T	10. Name and Address of New R	_	
	g. Name and Address of Curren	it negistared Agoin		81 Name			
BARTHE			82 Street Address (P.O. Box Number is Not Acceptable		l <del>0</del> )		
1 S. E. THIRD AVENUE				83			
MIAMI F	L 33131				. <u></u>		
				84 City		FL 85 Z	ip Code
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	tutes, the ab-	ove-named corpo	oration submits this statement for the pur	pose of changing its	registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was autho tion 607.0505, Florida Statu	orized by the ites.	ove-named corpo corporation's boa	oration submits this statement for the pur and of directors. I hereby accept the appoint	CATE	
or registere familiar with SIGNATURE _	ed agent, or both, in the State of Florinh, and accept the obligations of, Sect	da. Such change was authorition 607.0505, Florida Statu	orized by the ites.	corporation's bua	аго от окъестотя. Ттегвоу ассерт тте вруж	CATE	
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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 cath; 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:

WW 76 305 - 124-6 1-6 DITY-ST-ZIP

4 3 STREET ADDRESS

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CITY - ST - ZIP

TITLE

THUE

NAME:

1600 NW 159TH ST.

MIAMI FL

DELETE

DELETE

Change

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Addition

**FILED** 

May 01, 1996 08:00 AM

**Secretary of State**