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

**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # M34146

Principal Place of Business	Mailing Address	
8402 SW 112 ST	8402 SW 112 ST	
MIAMI FL 33156	MIAMI FL 33156	
US	U\$	

# FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90151 024 \*\*\*150.00

1. Corporation	n Name Y DISTRIBUTORS & GAMES,	, INC.	w.y.	~				
Principal Place	e of Business	Mailing Address				i i i i i i i i i i i i i i i i i i i	61611 61611 61611	
8402 SW 112 ST 8402 SW 112 ST MIAMI FL 33156 MIAMI FL 33156						DO NOT WINTE IN T	US SDACE	
US		US			ľ	DO NOT WRITE IN TH	115 SPACE	
						3. Date Incorporated or Qualifed 06/24/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21		26				59-2689039		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt_#, etc.		·		5. Certificate of Status Desired		Additional
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	y	. [	8. This corporation owes the current year		_
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
DIID	BIO, ROBERTO M		81	Name				
177	29 S. DIXIE HWY: 8402 5	W. 11251.	82	Street	Addres	s (P.O. Box Number is Not Acceptable)		
NALA.			_					
i i i i i i i i i i i i i i i i i i i	MITE SO 100 MINE SO 100	FL 33156	83	3				
			84	City		F	85 Zip	Code
agent. I a	ım familiar with, and accept the obligat	and title if applicable. (NOTI	E: Registered Age	s. 		s board of directors. I hereby accept the ap		
12.	PVD	DELETE	1.1 TITLE			1001101010101010101010101010101010101010	Change	Addition
NAME	RUBIO, ROBERTO MARTINEZ		1.2 NAME					į.
STREET ADDRESS	ALTON O DIVIE LINEY (2.1 A.	GW 1/25T.	13 STREE	ET ADDRESS				)
	MIAMI FL	V-0 -11 -2-11	1.4 CITY-					
CITY-ST-ZIP	SD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	RUBIO, RAFAEL MARTINEZ	. —	2.2 NAME		1			ţ
STREET ADDRESS	44TOO O DIVIT LINEY OLLOS	50.1125T		ET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2,4 CITY		-	and the second of the second of the	or many a part	
TITLE	TD	☐ D£LETE	3.1 TITLE				☐ Change	☐ Addition
NAME	RUBIO, RICARDO MARTINEZ		3.2 NAME		⇒.			
STREET ADDRESS	ALMONIO THURS LINES OLL AS	6W 1175T	3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	SMIAMI FL		3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME	<b>=</b>				
STREET ADDRESS	1		4.3 STRE	ET ADDRESS	; [			ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition \
NAME			5.2 NAME					
STREET ADDRESS	·		5.3 STRE	ET ADDRESS	1			
CITY-ST-ZIP			5.4 CITY-		ļ			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS				ET ADDRESS	1			
OTV OT 710	ě .		6.4 CITY-	ST. 7IP	1			

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 suppliemental 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 a attachment with an address, with all other like empowered.

SIGNATURE: