

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M40494 (0)**
 1. Corporation Name
D.C. VENDING WHOLESALERS & DISTRIBUTORS, INC.

Principal Place of Business: ~~% STEVEN WEINGER, 2650 S.W. 27TH AVE. MIAMI FL 33133~~
 Mailing Address: ~~% STEVEN WEINGER, 2650 S.W. 27TH AVE. MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	16930 NW 4th AVE	26	16930 NW 4th AVE	10/23/1986	06/20/1994
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	MIAMI FLORIDA	28	MIAMI FLORIDA	59-2741183	Not Applicable
24	33169	29	33169	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	DADE	30	DADE	<input type="checkbox"/>	<input type="checkbox"/>
24		25		6. Election Campaign Financing Trust Fund Contribution	
33169		DADE		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
WEINGER, STEVEN 2650 S.W. 27TH AVE. MIAMI FL 33133				<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	Andrew L. Mann, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	Andrew L. Mann, P.A.
83	16001 W. Oakland Pk Blvd, Suite 50
84 City	Sunrise
85 Zip Code	FL 33351

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]* DATE: 2/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHVIECH, AL	1.2 NAME	
STREET ADDRESS	16930 NW 4TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VPS
STREET ADDRESS		2.3 STREET ADDRESS	CHVIECH MARIA
CITY-ST-ZIP		2.4 CITY-ST-ZIP	16930 NW 4TH AVE
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	500001829185
STREET ADDRESS		5.3 STREET ADDRESS	-05/20/96--01042--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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]* DATE: 5/9/96 305653-0493

CR2E034 (3/95)