
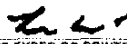


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M52959 (7) 1. Corporation Name SELECT DISTRIBUTORS INC.			
Principal Place of Business 2122 S.W. 60TH TERRACE MIRAMAR FL 33023		Mailing Address 2122 S.W. 60TH TERRACE MIRAMAR FL 33023-2934	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 644 SE 4th AVE 27 Suite, Apt #, etc. 28 City & State 29 33301 30 USA	
3. Date Incorporated or Qualified 06/01/1987		3a. Date of Last Report 03/25/1996	
4. FEI Number 59-2837614		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PRONI, LUCIO F 1710 SW 87 AVE SUITE #301C MIRAMAR FL 33023		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Ft. Laud FL 85 Zip Code 33327	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE PD NAME PRONI, LUCIO STREET ADDRESS 1710 SW 87TH AVE. CITY-ST-ZIP MIRAMAR FL 33023 [] DELETE TITLE ST NAME PRONI, MARIA STREET ADDRESS 1710 S.W. 87TH AVENUE CITY-ST-ZIP MIRAMAR FL 33023 [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2122 SW 60th Terrace 1.4 CITY-ST-ZIP Miramar FL 33023 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2122 SW 60th Terrace 2.4 CITY-ST-ZIP Miramar FL 33023 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do 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:  LUCIO F. PRONI		4-23-97 954-901-9497 Date Daytime Phone #	



CR2E034 (9/96)