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Jun 09, 2003 8:00 am
Secretary of State
04-25-2003 90168 050 ***150.00

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CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
JOFE DISTRIBUTOR CORP.

DOCUMENT #
P02000094960

Mailing Address
5281 SW 4th STREET
PLANTATION, FL. 33317

Principal Place of Business
[redacted]

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Mailing Address
31 5701 NW 55 LANE

2a. Principal Place of Business
28

4. FEI Number
51-0430417
Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired
$8.75 Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐
$5.00 May Be Added to Fees

City & State
23 TAMARAC FL

City & State
28

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip
24 33319

Country
25 USA

Zip
29

Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

OSVALDO SALVATORE
5281 SW 4TH ST.
PLANTATION, FL 33317

10. Name and Address of New Registered Agent

31 LUIS E. DE LA CERDA
32 5701 NW 55TH LANE (P.O. Box Number is Not Acceptable)
33 TAMARAC FL 34 33319

PLEASE SIGN & DATE

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE 6/5/03
Registered Agent Signature Required
NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT - TREAS	1.1 TITLE	
1.2 NAME	OSVALDO SALVATORE	1.2 NAME	OSVALDO SALVATORE
1.3 STREET ADDRESS		1.3 STREET ADDRESS	PRESIDENT
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	5281 SW 4 ST PLANTATION FL 33317
2.1 TITLE	V/P - SEC	2.1 TITLE	
2.2 NAME	LUIS E. DE LA CERDA	2.2 NAME	LUIS DE LA CERDA - VP
2.3 STREET ADDRESS		2.3 STREET ADDRESS	5701 NW 55TH LANE
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMARAC FL 33319
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LUIS DE LA CERDA 4/21/03 954 328 4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VP/SECRETARY