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 # P93000004845

1. Corporation Name

ALPINOS DISTRIBUTORS, INC.

6885	NW	25	STF	REET	BAY	5
MIAM	II FL	33	122			

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90131 005 ***150.00



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Principal Place	of Business	Mailing Address			[
6885 NW 25 ST MIAMI FL 33122		6885 NW 25 ST BAY 5 MIAMI FL 33122				DO NOT WRIT	E IN THIS :	SPACE	
US	•					Date Incorporated or Qualifed			
					(01/21/1993			
2. Principal Pl	ace of Business	2a. Mailing Address			l l	FEI Number			plied For
21		26				<u>65-0385109</u>			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. (Certifcate of Status Desired		\$8.75 A	
22		27				<u> </u>			equired
City & State		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23		28				Trust Fund Contribution			lo rees
Zip	Country	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. ☑ Yes □ No			
24	25	29 3	0			Personal Property Tax. Name and Address of New R	onistared A		
	9. Name and Address of Current	Registered Agent	8	1 Name		Maine and Address of New P	egistered A	- gont	
DII O	NIETA, FERNANDO		ľ	' - '					
	NW 25TH ST BAY #5		82 Stre			O. Box Number is Not Accepta	ble)		
	•		83						
MIAN	AI FL 33134		L					1	
			8	1			<u>FL</u>		Code
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State on the familiar with, and accept the obligat	of Florida. Such change was auti	honzed b	v the cor	ed corporation rporation's boa	submits this statement for the ard of directors. I hereby accep	purpose of on the purpoing the purpose of the pu	changing its itment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	NOTE: B	agistared Ac	oot signahu	re required when rei	inetation)	DATE	a .	
	OFFICERS ANI		13.	ork alginotol		DDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
12.	D ·	D DELETE	1.1 TITLE			551110110101011111111111111111111111111		☐ Change	Addition
NAME	ARANGO, ALVARO	-	1.2 NAME						1
	PO BOX 527848 N/A			ET ADDRES	ee			•	
STREET ADDRESS	MIAMI FL		1.4 CITY-		50				ļ
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE					Change	Addition
			2.2 NAME						_
NAME	PILONIETA, FERNANDO			ET ADDRES	88				
STREET ADDRESS	6885 NW 25TH ST BAY 5					-5 ×			. [
C/TY-ST-Z/P	MIAMI FL 33134	□ DELETE	2. 4 C/TY		+			Change	Addition
TITLE			3.2 NAME						-
NAME	•				50				
STREET ADDRESS				ET ADDRES	»>				ļ
C/TY-ST-ZIP		O DELETE	3.4. CITY					Change	Addition
TITLE		☐ DELETE	4.1 TITLE						reduct)
NAME			4. 2 NAM						ĺ
STREET ADDRESS				ETADORES	SS				ļ
CITY-ST-ZIP			4.4 CITY					D Change	- Addition
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME					•	
STREET ADDRESS	•			ET ADDRES	SS				
CITY-ST-ZIP	· 		5.4 CITY						
πιε		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME	<u> </u>	'				Į
STREET ADDRESS	the transfer of the second		6.3 STRE	ET ADDRES	ss				1
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					

CITY-ST-ZIP 14. I hereby certify that the information exposed 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 of 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIMONIDE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-871-7082