

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000006045 (7)

1. Corporation Name

F.D.S. DISTRIBUTOR, INC.



Principal Place of Business

1001 NE 204 LANE
NORTH MIAMI BEACH FL 33179
US

Mailing Address

1001 NE 204 LANE
NORTH MIAMI BEACH FL 33179
US

3. Date Incorporated or Qualified

01/26/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0385103

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHONHOLZ, FLAVIO B.
1001 NE 204 LANE
NORTH MIAMI FL 33179

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature typed or printed in block in plain English and the name of the individual

(NOTE: If Registered Agent signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	☒ DELETE
NAME	SCHONHOLZ, FLAVIO P	
STREET ADDRESS	1001 NE 204 LANE	
CITY- ST- ZIP	N MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	☒ Change ☐ Addition
12. NAME	SCHONHOLZ, FLAVIO P.	
13. STREET ADDRESS	1001 N.E. 204 LANE	
14. CITY- ST- ZIP	NORTH MIAMI FL 33179	
2. TITLE	S,T	☐ Change ☒ Addition
22. NAME	SCHONHOLZ, NORMA	
23. STREET ADDRESS	1001 N.E. 204 LANE	
24. CITY- ST- ZIP	NORTH MIAMI BEACH FL 33179	
3. TITLE		☐ Change ☐ Addition
32. NAME		
33. STREET ADDRESS		
34. CITY- ST- ZIP		
4. TITLE		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY- ST- ZIP		
5. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY- ST- ZIP		
6. TITLE		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

305-553-4333

CR2E034 (12/95)