

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 # P93000014704 (9)

1. Corporation Name

VILMAR DISTRIBUTION CORP



Principal Place of Business

5400 SW 12 ST  
APT 214D  
N LAUDERDALE FL 33068

Mailing Address

5400 SW 12 ST  
APT 214D  
N LAUDERDALE FL 33068

2. Principal Place of Business

2a. Mailing Address

21 149 colly way

26 149 colly way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 NORTH LAUDERDALE

28 NORTH LAUDERDALE

Zip

Country

Zip

Country

24 FL

25 USA

29 FL

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRES, ORLANDO  
5499 SW 12TH ST., APT., 2140  
SUITE 231  
FT. LAUDERDALE FL 33068

81 Name

ORLANDO TORRES

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

149 colly way

83

84 City

NORTH LAUDERDALE

FL

85 Zip Code

33068

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

x *Orlando Torres*

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4-22-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TORRES, ORLANDO  
STREET ADDRESS 5499 SW 12 ST APT 214D  
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ORLANDO TORRES

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 149 colly way  
NORTH LAUDERDALE, FL 33068

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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(9)(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; the officer 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:

x *Orlando Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-22-96 (954) 975-0047

Date Daytime Phone #

CR2E034 (12/95)