

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000020498 (0)

1. Corporation Name

SANTOS DISTRIBUTOR CO., INC.



Principal Place of Business

Mailing Address

470 FANSIN BLVD  
#105  
HALLANDALE FL 33009  
US

750 N.E. 199TH ST.  
# 105  
NORTH MIAMI FL 33179

2. Principal Place of Business

2a. Mailing Address

21 750 N.E. 199TH STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #105

27

City & State

City & State

23 N. MIAMI FL,

28

Zip

Country

Zip

Country

24 33179

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

65-0395216

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

10. Name and Address of New Registered Agent

VICENTE, EDSON  
750 N.E. 199TH ST.  
#105  
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 name of registered agent and title if applicable)

(NOTE: Registered Agent Signature Required When Changing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME DOS SANTOS, EDSON V  
STREET ADDRESS 750 N.E. 199TH ST. #105  
CITY-ST-ZIP NORTH MIAMI FL 33179

☐ DELETE

TITLE SVD  
NAME DOS SANTOS, EMILIA D  
STREET ADDRESS 750 N.E. 199TH ST. #105  
CITY-ST-ZIP NORTH MIAMI FL 33179

☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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(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:

*Emilia D. Dos Santos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Secretary Emilia D. Dos Santos 4/5/96

CR2E034 (12/95)