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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000038666 (2)

DEVO	IN DISTRIBUTION, INC.									
Principal Place	of Business	M.	ang Address				I INCIISEL FIN INVIN III(II ABIIX B)	HI OOM HUU		ANITO ANTALONIN INDI
AIRPORT EXECUTIVE TOWER II 7270 NW 12 STREET / STE - 670 MIAMI FL 33126-1927 US			AIRPORT EXECUTIVE TOWER II 7270 NW 12 STREET / STE - 670 MIAMI FL 33126-1927				Date Incorporated or Qualified	3a. Date	of Lact E	Penad
			US				05/26/1993		02/08/1	
2. Prinopal Place of Business 28 21 26			Mailing Address				4. FEI Number Applied For 65-04 1534 1 Not Applicable			
Suite. Apt. #, etc			Suite, Apt. #. etc.				5. Cert/icale of Status Desired			5 Additional Required
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	Country 25	····	Zip	Coun	try		This corporation has liability for in Florida Statutes			
	9. Name and Address of Curre		ered Agent	1301			10. Name and Address of New R		Acent	
					31	Name	TO THE PROPERTY IN	-Aigrosen 1	Acut	
RARRE	RA, FRANK X				_					
7420 SW 148 CT				18	32	Street Add	iress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33193				1	33					

				8	34	City		FL	85 Zi	p Code
familiar with	nd agent, or both, in the State of Florin, and accept the obligations of, Sections of the state of protost name of registered agent	ion 607.0	charige was authori 505, Florida Statute:	rea by the co s.	orpc	oration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose of cha pintment as	nging its r registered	registered office ; diagent. I am
12.	OFFICERS AN	O DIRECT		13.			ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
TITLE	D		DELETE	1.17-71	F				Change	Addition
NAME	Barrera, Frank X			1.2 NAV	le.					
STREET ADDRESS	7420 SW 148 COURT			1.3 STR	E [4	ADDRESS				
CITY - ST - ZIP	MIAMI FL			14 (11)	· ST	ZIF				
TITLE			DELFTE	2 1 101	F] Change	Addition
NAME				2.2 NAM	f					-
STREET ADDRESS				2.3 ST#6	FIA	ADORESS				
CITY-ST-ZIP				2.4 CI1Y	. S T	- ZIP				
TITLE			DELETE	3 1 TiTe	E] Change	Addition
NAME				3.2 NAM	F					
STREET ADDRESS				3.3 STR	EET,	ADDRESS				
CITY-ST-ZIP				3.4 CHY	- \$1	ZIP				
TITLE			DELETE	4 1 TITL	ξ				Change	Addition
NAME				4.2 NAM	Ē	1				
STREET ADDRESS				4.3 SERE	ELA	ADDRESS				
CITY-ST-ZIP				4.4 CHY	- \$1	ZIP				
THTLE			DELETE	5 1 H/L	F] Change	☐ Addition
NAME				5.2 NAM	t					İ
STREET ADDRESS				5.3 STRE	ET A	DDRESS				
CITY-ST-ZIP				5.4.0(1)	- \$1-	- ZiP				
TITLE			☐ DELETE	€ 111[F				Change	☐ Addition
NAME				6.2 NAM	Ė	ŀ				
STREET ADDRESS				€3 STRE	ET A	DORESS				
CITY-ST-ZIP				£ 4 Cify	- 51 -	ZIF				Į
14. Fao hereby	certify that the prormation supplied v	with this fil	ing is voluntarily furn	ished and do	es	not qualify for	or the exemption stated in Section 119.0	ZGlifk) Flori	da Statut	es 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 is oath; that I am an officer of diet for of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Stappears in Block 12 or Bid; y 13 if manged, or on an attachment with an address

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)