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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90081 012 ***150.00

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| _1Corporation TOWER I | DISTRIBUTORS CORPORA | ATION | | | | - 1 8 5 16 16 16 16 16 16 16 |) 11 16 | isa minis n am i | 63141 B161 (1 11) |
| | | | | | | | i dit elit | | |
| Principal Place | of Business | Mailing Address | | | | A LAMPINGO IND IDION FILLI DOILL OF | | | 27117 0101 1001 |
| 511 S.W. 89 AV | ENUE . | 999 PONCE DE LE | EON | | | | | | |
| MIAMI FL 33174 | | SUITE 715 CORAL GABLES F | 1 22124 | | | DO NOT WRITE IN THIS SPACE | | | |
| US | | US | L 30134 | | | 3. Date Incorporated or Qualifed | | | |
| | • | | | | | 06/21/1993 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Addre | ess | | | 4. FEI Number | | 1 | plied For |
| 21 | · · · · · · · · · · · · · · · · · · · | 26 | | | | 65-0418070 | | | t Applicable |
| Suite, Apt. # | #, etc. | Suite, Apt. #, | etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | |
| City & State | <u> </u> | City & State | | | ., | 6. Election Campaign Financing | .,- | \$5.00 | <u>·</u> |
| City & State | • | 28 | | | | Trust Fund Contribution | | Added | • |
| Zip | Country | Zip | c | Country | | 8. This corporation owes the cur | rent year Inta | ngible | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New | Registered A | gent | |
| DADI | AL IOCE | | | 81 | Name | | | | |
| | al, jose Ponce de León Blyd | | | 82 | Street Addre | ess (P.O. Box Number is Not Accept | able) | | |
| | E 715 | | | 83 | | 1819 | | | |
| | AL GABLES FL 33134 | | | 63 | | | | | |
| CORAL GABLES FL 33134 | | | 84 City | | | | - 85 Zip | Code | |
| | <u>*</u> | | | ••• | City | | | 1 1 | |
| 11:≂Pursuant;t | to the provisions of Sections 607.05 | 02 and 607:1508, Florid | ia Statutes, the | o obovo | named corne | pration submits this statement for the | FL purpose of c | hanging its | registered |
| office or re agent. I ar | to the provisions of Sections 607.05 sgistered agent, or both, in the State in familiar with, and accept the oblig | e of Florida. Such chang | ie was authoriz | e.aboye. zed by th | named corne | oration submits this statement for the n's board of directors. I hereby acce | numose of | hanging its tment as re | registered gistered |
| office or re agent. I ar | pointered agent or both in the State | e of Florida. Such chang pations of, Section 607.0 | ge was authoriz 1505, Florida St | e.above. zed by thatutes. | named corpo ne corporatio | n's board of directors. Thereby acce | purpose of c pt the appoin | unent as re | gistered |
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| office or reagent. I ar SIGNATURE 12. TITLE NAME | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P OLIVEIRA, PAULO | e of Florida. Such chang pations of, Section 607.0 pent and title if applicable. NDD DIRECTORS | Je was authorization (NOTE: Register LETE 1 | e above- zed by the statutes. ered Agent s 13. .1 TITLE .2 NAME | named:corporatio | n's board of directors. Thereby acce | purpose of c pt the appoin | D DIRECTO | ORS IN 12 |
| office or reagent. I are signature. 112. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P OLIVEIRA, PAULO 511 S.W. 89 AVENUE | e of Florida. Such chang pations of, Section 607.0 pent and title if applicable. NDD DIRECTORS | ge was authorized to the property of the prope | e.above- zed by the statutes. ered Agent s 13. .1 TITLE .2 NAME | named:corporatio | n's board of directors. Thereby acce | purpose of c pt the appoin | D DIRECTO | ORS IN 12 |
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Interest certify that the information supplies that it will be a state of the exemption state in 19.07(3)(i), Frontal statutes, and that the information indicated on this annual report or supplemental annual report is true entreacturate 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, with all other like empowered.

SIGNATURE: