FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046812 (2)

1. Corporation Name
F.C. DISTRIBUTORS CORP.

Principal Place of Business	Mailing Address
330 ALESIO AVE CORAL GABLES FL 33134 US	330 ALESIO AVE CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business
21 7525 E.Treasure Dr.
Suite, Apt. #, etc.
22 Suite 6B
City & State
23 North Bay Village, FL.
Zip 24 33141 Country 25 USA

2a. Mailing Address
26 7525 E. Treasure Dr.
Suite, Apt. #, etc.
27 Suite 6B
City & State
28 North Bay Village, FL.
Zip 29 33141 Country 30 USA

4. FEI Number: 35-0423030 ☐ 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

RODRIQUEZ, MARIA M.
330 ALESIO AVE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: RODRIGUEZ MARIA M.
82 Street Address (P.O. Box Number is Not Acceptable): 7525 E. Treasure Dr.
83 Suite 6B
84 City: North Bay Village FL 85 Zip Code: 33141

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE	PST	☒ Change ☐ Addition
NAME	RODRIQUEZ, MARIA M.	12 NAME	RODRIGUEZ, MARIA M.	
STREET ADDRESS	330 ALESIO AVE.	13 STREET ADDRESS	7525 E.Treasure Dr. Suite 6B	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	N. Bay Village FL. 33141	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	RODRIQUEZ, LUIS	22 NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	330 ALESIO AVE	23 STREET ADDRESS	7525 E.Treasure Dr. Suite 6B	
CITY-ST-ZIP	CORAL GABLES FL	24 CITY-ST-ZIP	N. Bay Village FL. 33141	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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: _____ LUIS RODRIGUEZ 04/21/1995 (305)868-6981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0137020 CP