

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 # **P93000046812 (2)**

1. Corporation Name

F.C. DISTRIBUTORS CORP.



Principal Place of Business

**7525 E TREASURE DR
STE 6B
N BAY VILLAGE FL 33141
US**

Mailing Address

**7525 E. TREASURE DR.
STE 6B
N BAY VILLAGE FL 33141
US**

3. Date Incorporated or Qualified
07/02/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 15 MADEIRA AVENUE

Suite, Apt. #, etc.

22 SUITE 8

City & State

23 CORAL GABLES, FLORIDA

Zip

24 33134

Country

25 U.S.A.

2a. Mailing Address

26 15 MADEIRA AVENUE

Suite, Apt. #, etc.

27 SUITE 8

City & State

28 CORAL GABLES, FLORIDA

Zip

29 33134

Country

30 U.S.A.

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

**RODRIGUEZ, MARIA M.
7525 E. TREASURE DR.
STE 6B
N BAY VILLAGE FL 33141**

10. Name and Address of New Registered Agent

81 Name

RODRIGUEZ, MARIA M.

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

83

15 MADEIRA AVENUE, SUITE 8

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE

NAME **RODRIGUEZ, MARIA M.**
STREET ADDRESS **7525 E. TREASURE DR. STE 6B**
CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE **D** ☐ DELETE

NAME **RODRIGUEZ, LUIS**
STREET ADDRESS **7525 E. TREASURE DR. STE 6B**
CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **PST**
1.3 STREET ADDRESS **RODRIGUEZ, MARIA M.**
1.4 CITY-ST-ZIP **15 MADEIRA AVENUE, SUITE 8**
CORAL GABLES, FL. 33134

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **D**
2.3 STREET ADDRESS **RODRIGUEZ, LUIS**
2.4 CITY-ST-ZIP **15 MADEIRA AVENUE, SUITE 8**
CORAL GABLES, FL. 33134

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-96

Date

(305) 226-2373

Daytime Phone #

CR2E034 (12/95)