## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000047445 (0)

INTERCONTINENTAL DISTRIBUTION GROUP, LTD., INC.

Mailing Address

## FILED Mar 28 1997 8:00am Secretary of State



T TO KIND OF THE SECOND	O Duamos	Mailing Address							
	EWINDS AVE #201 BY THE SEA FL 33308	4401 W TRADEWINDS AVE LAUDERDALE BY THE SEA		463					
					3. Date Incorporated or Qualified 07/07/1993		3a. Date of Last Report 05/01/1996		
	ace of Business	2a. Mailing Address			4. FEI Number	-d	Ap	oplied For	
21		26			65-0423204	Not Applicable			
Suito, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State 23		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	May Be to Fees	
Zip <b>24</b>	Country 25	Zip 29	Country 30	<i>i</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cur	rrent Registered Agent		y	10. Name and Address of New Reg	platered As	jent		
KAP	ir, paul matthew		81	Name					
4401 WEST TRADEWINDS AVENUE 2ND FLOOR, SUITE 201					ress (P.O. Box Number is Not Acceptable)				
LAU	iderdale by the SEA FL 33	3308	83						
			84	"	rporation submits this statement for the p ation's board of directors. I hereby accep	FL		Code	
SIGNATURE	Signature, type I or printed name of registered	g agent and title if applicable (NOTE	Registered Ag		ured when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12	
THILF	KARR, PAUL MATTHEW	רייין הכונוג	1.1 TITLE 1.2 NAME	- 1		L	7 Change	L Audilioi	
NAME STREET ADDRESS	4401 W. TRADEWINDS AVI	FNUE, SUITE 201		T ADDRESS					
CITY-ST-ZIP	LAUDERDALE BY-THE SEA		1.4 CITY -						
TITLE	V	☐ DELETE	2.1 TITLE				Change	Additio	
NAM:	COCOLA, STEVE		2.2 NAME						
STREET ADORESS	4401 W. TRADEWINDS AV		2.3 SYREE	T ADORESS					
CITY ST-ZIP	LAUDERDALE BY-THE-SEA		2. 4 CITY -	ST-ZIP					
TITLE		DELETE	3.1 TITLE	. [		L	Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS CHTY+ST+ZP		• •	33 STHEE 34. DITY -	ADDRESS ST. 7/D					
TIFLE		DELETE	4.1 TITLE	31.74			Change	Additio	
NAME .			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-7/P	*** *** *** ** * * * * * * * * * * * *		4.4 CiTY+	ST-ZIP				····	
TitLE		☐ DELETE	5.1 TITLE			L	Change	Addition	
NAME			5.2 NAME		·				
STREET ADORESS				T ADDRESS					
CITY ST 2P		DELETE	5.4 CITY - :	SI-ZIP		г	Change	Additio	
TITLE		□ nere t	6.1 TITLE	ļ		L	_ viraliye	L. MOUILLO	
NAME CIDELL ADDRESS			6.2 NAME	T ADDRESS					
STREET ADDRESS			6.4 CITY-						
14. I do heret	by certify that the information suc-	olied with this filing does not qualif			ted in Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	the	

. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 precisiver 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

3-21-57

754 489-1290 Dayline Prone #