

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000049393 (0)

1. Corporation Name

B & M DISTRIBUTOR, CORP.



Principal Place of Business

Mailing Address

~~80500 DISCAYNE BLVD.~~
~~#129~~
~~AVENTURA FL 33180~~
~~US~~

~~20500 DISCAYNE BLVD.~~
~~#129~~
~~AVENTURA FL 33180~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

4. FEI Number

65-0430229

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
5925 RAVENSWOOD RD

2a. Mailing Address
5925 RAVENSWOOD RD

21 Suite, Apt. #, etc.
BAY D-6

26 Suite, Apt. #, etc.
BAY D-6

22 City & State
FT. LAUDERDALE FL,

27 City & State
FT. LAUDERDALE FL,

23 Zip
33312

24 Country
USA

28 Zip
33312

29 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GORREA, JOSE N~~
~~8900 S.W. 107 AVE.~~
~~SUITE 314~~
~~MIAMI FL 33176~~

81 Name
OSCAR TORO

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

10295 COLLINS AVENUE

83 #111 N

84 City
MIAMI BEACH,

FL

85 Zip Code
33154

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

Oscar Toro Oscar Toro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/13/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
TORO, OSCAR
20500 DISCAYNE BLVD. #129
AVENTURA FL 33180

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
10295 COLLINS AVENUE #111 N
MIAMI BEACH FL, 33154

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
OLIVEIRA, PAULO
RUA JORGE COELLO #28
BARRIO ITAIM BIBI SDO. PAULO BRAZIL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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:

Oscar Toro Oscar Toro 3/13/98 1-954-894-4393

CR2E034 (10/97)