07061999-90012-022-$550.00-$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 13 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000049393

1. Corporation Name
B & M DISTRIBUTOR, CORP.

Principal Place of Business	Mailing Address
5925 RAVENWOOD RD BAY D-6 FT LAUDERDALE FL 33312 US	5925 RAVENWOOD RD BAY D-6 FT LAUDERDALE FL 33312 US

7/6/99 900120220 $550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5925 RAVENSWOOD Rd. Suite, Apt. #, etc. 22 BAY D-6 City & State 23 FT. Lauderdale. Zip 24 33312 Country 25 US	2a. Mailing Address 26 5925 RAVENSWOOD Rd. Suite, Apt. #, etc. 27 BAY D-6 City & State 28 FT. Lauderdale. Zip 29 33312 Country 30 US	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 7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORREA, JOSE N
10295 COLLINS AVE
#111 N
MIAMI BCH FL 33154

10. Name and Address of New Registered Agent

31 Name OSCAR TORO
32 Street Address (P.O. Box Number is Not Acceptable) 5925 RAVENSWOOD Rd. BAY D-6
33 FL, 33312.
34 City FT. LAUDERDALE FL 35 Zip Code 33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 7-28-99 DATE 06-28-99.

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent must sign if filed separately.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD TORO, OSCAR 10295 COLLINS AVE #111N MIAMI BCH FL 33154 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	REGISTERED AGENT, ☐ Change ☐ Addition OSCAR TORO FL 33312. 5925 RAVENSWOOD RD BAY D 6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD OLIVEIRA, PAULO RUA JORGE COELLO #28 BARRIO ITAIM BIBI SOO. 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

CR2E034 (11/98)

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 added on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 06-28-99

SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL WHERE OR DIRECTOR — Date — Daytime Phone #

KE