

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 # P93000064422 (7)

1. Corporation Name

TECH DATA LATIN AMERICA, INC.



Principal Place of Business

Mailing Address

5350 TECH DATA DR.  
CLEARWATER FL 34620

5350 TECH DATA DR.  
CLEARWATER FL 34620

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3212595

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VETTER, DAVID R  
5350 TECH DATA DR.  
CLEARWATER FL 34620

81 Name

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

83

84 City

FL

85 Zip Code

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 is 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 fee (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1 1 TITLE

V

☐ Change

☒ Addition

NAME  
RAYMUND, STEVEN A  
STREET ADDRESS  
5350 TECH DATA DR.  
CITY-STATE-ZIP  
CLEARWATER FL 34620

12 NAME

Caldwell, Peg K.

13 STREET ADDRESS

5350 Tech Data Drive  
Clearwater, FL 34620

14 CITY-STATE-ZIP

TITLE ☐ DELETE

2 1 TITLE

☐ Change

☐ Addition

NAME  
GODWIN, A. TIMOTHY T  
STREET ADDRESS  
5350 TECH DATA DR  
CITY-STATE-ZIP  
CLEARWATER FL

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

TITLE ☐ DELETE

3 1 TITLE

☐ Change

☐ Addition

NAME  
HOWELLS, JEFFERY P  
STREET ADDRESS  
5350 TECH DATA DR  
CITY-STATE-ZIP  
CLEARWATER FL

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

TITLE ☐ DELETE

4 1 TITLE

☐ Change

☐ Addition

NAME  
VETTER, DAVID R  
STREET ADDRESS  
5350 TECH DATA DR  
CITY-STATE-ZIP  
CLEARWATER FL

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

TITLE ☐ DELETE

5 1 TITLE

☐ Change

☐ Addition

NAME  
SINGLETON, ARTHUR W  
STREET ADDRESS  
5350 TECH DATA DR  
CITY-STATE-ZIP  
CLEARWATER FL

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6 1 TITLE

☐ Change

☐ Addition

NAME  
SAYDUN, YUDA  
STREET ADDRESS  
1729 N.W. 84TH AVENUE  
CITY-STATE-ZIP  
MIAMI FL

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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

Arthur W. Singleton

2/13/96

Date

813-539-7429

Daytime Phone

CR2E034 (12/95)