

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 # P93000066498 (5)

1. Corporation Name

ACCUTEC DISTRIBUTORS INC.



Principal Place of Business

7345 NW 79TH TER
MEDLEY FL 33166

Mailing Address

7345 NW 79TH TER
MEDLEY FL 33166

3. Date Incorporated or Qualified 09/23/1993	3a. Date of Last Report 01/31/1995
4. FEI Number 65-0440240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 784 West 53 Street	26 784 West 53 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Hialeah, Fl.	City & State 28 Hialeah, Fl.
Zip 24 33012-2526	Zip 29 33012-2526
Country 25 Dade	Country 30 Dade

9. Name and Address of Current Registered Agent

VIANA, JOSE M
1745 NW 79TH TER
MEDLEY FL 33166

10. Name and Address of New Registered Agent

81 Name ROLANDO COSTA
82 Street Address (P.O. Box Number is Not Acceptable) 784 West 53 Street
83
84 City Hialeah
85 Zip Code FL 33012-2526

11. Pursuant to the provisions of Sections 607.0504 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. Each 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 **Rolando Costa** **03-01-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, XAMELIA X	1.2 NAME	ROLANDO COSTA
STREET ADDRESS	X 784 NW 79TH TER	1.3 STREET ADDRESS	784 West 53 Street
CITY-ST-ZIP	MEDLEY FL 33166	1.4 CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	X COSTA, XAMELIA X	2.2 NAME	DELIA COSTA
STREET ADDRESS	X 784 NW 79TH TER	2.3 STREET ADDRESS	784 West 53 Street
CITY-ST-ZIP	MEDLEY FL 33166	2.4 CITY-ST-ZIP	Hialeah, Fl. 33012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

(305) 885-9761

SIGNATURE: **Rolando Costa-President**

03-01-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)