FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 8

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

DOCUMENT # P 93000078195 (3)

1. Corporation Name
BEST WHOLESALE, INC.

Principal Place of Business
1650 NW 93RD AVE
PLANTATION FL 33322

Mailing Address

3. Date Incorporated or Qualified: 11/12/93
3a. Date of Last Report: 4-18-97

2. Principal Place of Business
21
Suite Apt #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26 P.O BOX 1287
Suite Apt #, etc.
27
City & State
28 BAYONNE, N.J
Zip
29 07002
Country
30 USA

4. FEI Number: 65-0438866 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL. 33324

10. Name and Address of New Registered Agent
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 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 ______ (R.O.T. Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CONIGLIO, LOUIS J.	
STREET ADDRESS	7111 WOOD BRIDGE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	☐ DELETE
NAME	CONIGLIO MARY	
STREET ADDRESS	7111 WOOD BRIDGE COURT	
CITY-ST-ZIP	BOCA RATON, FL. 33434	
TITLE	D	☐ DELETE
NAME	CONIGLIO, ROSARIO	
STREET ADDRESS	7111 WOOD BRIDGE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	P	☐ DELETE
NAME	SHAPIRO, HARVEY	
STREET ADDRESS	180 RARITAN CENTER PARKWAY	
CITY-ST-ZIP	EDISON, NJ 08837	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	700002530927	
4.3 STREET ADDRESS	-05/21/98--01004--039	
4.4 CITY-ST-ZIP	***150.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	5.19	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 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: Harvey Shapiro — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5/12/98 Date — Daytime Phone #