FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUN - 1 AM 11:09

DOCUMENT # P93000080235

1. Corporation Name
DAPS DISTRIBUTORS, INC.

900001504119
-06/02/95--01008--022
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/93	3a. Date of Last Report: 4-19-94
4. FEI Number: 65-0449791	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	

2. Principal Place of Business	2a. Mailing Address
21 8201 N.W. 64 STREET	26 8201 N.W. 64 STREET
Suite, Apt. # etc. 22 BAY 2	Suite, Apt. # etc. 27 BAY 2
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33166 / Country 25 U.S.A.	Zip 29 33166 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

RAFAEL I. LLANEZA

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1502 EL RADO ST.
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS

TITLE: P/D
NAME: RAFAEL I. LLANEZA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
STREET ADDRESS: 1502 EL RADO ST.
CITY-ST-ZIP: CORAL GABLES, FL 33134

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 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 — RAFAEL I. LLANEZA President — 6/10/95 — (305) 470-8535