FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080235 (3)

FILED Mar 09 1998 8:00am Secretary of State

305-265-7173

Principal Place	DISTRIBUTOF	15, INC.	Mailing Address		14444411441444		
7930 GRAND BAY 2	CANAL DR		7990 GRAND CANAL I BAY 2	DR			
MIAMI FL 33144			MAIMI FL 33144		DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified			
					11/16/1993		
	S.W. 75	λ	2a. Mailing Address	w. 75 Ave	4. FEI Number	\ -	Applied For
Suite, Apt. 6		AVE	26 4810 5.0 Suite, Apt. #, etc.	20: 13 HVE	65-0449791		Not Applicab 75 Additional
22	mang.		27		5. Certificate of Status Desired		ee Required
City & State	3		City & State	.= .	6. Election Campaign Financin	ng \$ 5	.00 May Be
3 Mian	ni FL		28 Miami	FL	Trust Fund Contribution		ded to Fees
Zip		Country	Zip	Country	8. This corporation owes or ha	s paid the current ye	
4 33158		USA	29 33155	30 USA	Personal Property Tax due J		U No
		Address of Current	Registered Agent	81 Name	10. Name and Address of New	v Registered Agent	
	NEZA, RAFAEL			or Ivairie			
	2 EL RADO ST			82 Street Add	dress (P.O. Box Number is Not Acce	ptable)	
CO	ral gables f	L 33134		83			
•							
				84 City		FL 85	Zip Code
11. Pursuant to	o the provisions of	of Sections 607 0502	Pand 607 1508 Florida Sta	tutes the above-pamed co	rporation submits this statement for the	he ournose of chance	ing its registered
11. Pursuant to	to the provisions of the provision of the	of Sections 607.0502 or both, in the State	2 and 607.1508, Florida Sta of Florida, Such change wa	itutes, the above-named corporas authorized by the corpora	rporation submits this statement for taleation's board of directors. I hereby a	he ournose of chance	ing Its registered
office or re agent. I ar	o the provisions or ogistered agent, on familiar with, ar	of Sections 607.0502 or both, in the State and accept the obliga	and 607,1508, Florida Sta of Florida. Such change watrons of, Section 607,0505,	lutes, the above-named col as authorized by the corpora Florida Statutes.	rporation submits this statement for t ation's board of directors. I hereby a	he ournose of chance	ing Its registered nt as registered
office or re agent. I ar SIGNATURE	egistered agent, o m familiar with, ar	of Sections 607.0502 or both, in the State and accept the obligat	of Florida. Such change wa froms of, Section 607.0505,	lutes, the above-named col as authorized by the corpora Florida Statutes.	ation's board of directors. I hereby a	he ournose of chance	ing Its registered nt as registered
office or re agent. I ar SIGNATURE	egistered agent, on familiar with, ar	or both, in the State and accept the obliga	of Florida, Such change wathous of, Section 607.0505,	as authorized by the corpora Florida Statutes.	ation's board of directors. I hereby a	the purpose of chang ccept the appointment	nt as registered
office or re agent. I ar SIGNATURE	egistered agent, on familiar with, an Stonature, typod or pref	or both, in the State ad accept the obligated from e of registered ages	of Florida, Such change wathous of, Section 607.0505,	as authorized by the corpore Florida Statutes. NOTE Fingistered Agont signature req	ation's board of directors. I hereby a	the purpose of chang ccept the appointment	nt as registered
office or reagent. I ar SIGNATURE	ogistered agent, on familiar with, an Storialize, typed or print PD LLANEZA, R.	or both, in the State ad accept the obligated range of regulated lager OFFICE BS ANI	of Florida, Such change waterins of, Section 607,0505, at and title of applicable (N DIRECTORS	as authorized by the corpora Florida Slatutes. NOTE Fingistered Agent signature req	ation's board of directors. I hereby a	he purpose of chang ccept the appointment DATE	nt as registered
office or reagent. I ar SIGNATURE.	ogistered agent, on familiar with, an Signature, typed or present the PD LLANEZA, R. 1502 EL RAI	or both, in the State and accept the obligation of registered age. OFFICE AS ANI AFAEL I DO STREET	of Florida, Such change waterins of, Section 607,0505, at and title of applicable (N DIRECTORS	as authorized by the corpora Florida Statutes. VOIT Registered Agent signature req. 13. 11 TITLE	ation's board of directors. I hereby a	he purpose of chang ccept the appointment DATE	nt as registered
office or reagent. I ar SIGNATURE 12. 1ITLE NAME STREET ADDRESS CITY-ST-ZIP	ogistered agent, on familiar with, an Storature, typed or precept PD LLANEZA, R. 1502 EL RAI CORAL GAB	or both, in the State ad accept the obligated range of regulated lager OFFICE BS ANI	of Florida, Such change wathons of, Section 607.0505, at motation of application (6) DELETE	as authorized by the corpora Florida Statutes. WHE Registered Agent signature req 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ation's board of directors. I hereby a	the purpose of chang ccept the appointment DATE FFICERS AND DIRECT	int as registered CTORS IN 12 ange
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	ogistered agent, on familiar with, an Storature, typed or precipitation of the PD LLANEZA, R. 1502 EL RAI CORAL GAB V	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166	of Florida, Such change waterins of, Section 607,0505, at and title of applicable (N DIRECTORS	as authorized by the corpora Florida Statutes. CIE Registered Agent signature req 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TIFLE	ation's board of directors. I hereby a	he purpose of chang ccept the appointment DATE	int as registered CTORS IN 12 ange
Office or readed. I are agent. I are signature. 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	pgistered agent, on familiar with, an storature, typed or precipitation of the process of the precipitation of the	or both, in the State and accept the obligation of registered age. OFFICE BS ANI AFAEL I DO STREET LES FL 33166	of Florida, Such change wathons of, Section 607.0505, at motation of application (6) DELETE	as authorized by the corpora Florida Statutes. VOIT Registered Agent signature req 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME	ation's board of directors. I hereby a	the purpose of chang ccept the appointment DATE FFICERS AND DIRECT	int as registered CTORS IN 12 ange
Office or readent. I are agent. I are agent. I are signature. 12. 117LE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	pgistered agent, on familiar with, an storature, typed or precipitation of the process of the precipitation of the	or both, in the State and accept the obligation of registered age. OFFICE AS ANI AFAEL I DO STREET LES FL 33166 M DO STREET	of Florida, Such change wathons of, Section 607.0505, at motation of application (6) DELETE	as authorized by the corpora Florida Statutes. VOIT Registered Agent signature req 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS	ation's board of directors. I hereby a	the purpose of chang ccept the appointment DATE FFICERS AND DIRECT	int as registered CTORS IN 12 ange
Office or to agent. I are agent. I are signature. 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	poistered agent, on familiar with, an Storature, typed or present the LANEZA, R. 1502 EL RAI CORAL GAB V PEREZ, ANA 1502 EL RAI CORAL GAB CORAL GAB	or both, in the State and accept the obligation of registered age. OFFICE BS ANI AFAEL I DO STREET LES FL 33166	of Florida. Such change wathous of, Section 607.0505, intentation of Section 607.0505 DELETE DELETE	as authorized by the corpora Florida Statutos. IT I TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ation's board of directors. I hereby a	he purpose of chancept the appointment of the purpose of chance of the purpose of	CTORS IN 12 ange
Office or reader. I are agent. I are signature. 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	pgistered agent, on familiar with, an storature, typed or present the product of the present the prese	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166	of Florida, Such change wathons of, Section 607.0505, at motation of application (6) DELETE	as authorized by the corpora Florida Statutos. IT I TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.1 TIPLE 3.1 TIPLE 3.1 TIPLE 3.1 TIPLE 3.1 TIPLE	ation's board of directors. I hereby a	the purpose of chang ccept the appointment DATE FFICERS AND DIRECT	CTORS IN 12 ange
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	pgistered agent, on familiar with, an storature, typed or present the product of the present the prese	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166	of Florida. Such change wathous of, Section 607.0505, intentation of Section 607.0505 DELETE DELETE	as authorized by the corpora Florida Statutos. IT I TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.2 NAME	ation's board of directors. I hereby a	he purpose of chancept the appointment of the purpose of chance of the purpose of	CTORS IN 12 ange
SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0505, intentation of Section 607.0505 DELETE DELETE	as authorized by the corpora Florida Statutos. VOIE Progistored Agont signature req 13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. I hereby a	he purpose of chancept the appointment of the purpose of chance of the purpose of	CTORS IN 12 ange
Office or readent. I are signature. 12. 117LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	pgistered agent, on familiar with, an storature, typed or present the product of the present the prese	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0505, intentation of Section 607.0505 DELETE DELETE	as authorized by the corpora Florida Statutos. IT I TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.2 NAME	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0508, at mortalized application (6 DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutes. VOIT Progistored Agent signature req 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are signature. 12. 11/1LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0508, at mortalized application (6 DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutes. 13. 1 TillE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TillE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TILLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILLE	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are agent. I are signature. 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0508, at mortalized application (6 DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutos. VOIT Progistored Agont signature req 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are signature. 12. 11/1LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	of Florida. Such change wathous of, Section 607.0508, at mortalized application (6 DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutos. IT I TIPLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIPLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIPLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIPLE 4.2 NAME 4.3 STREET ADDRESS	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are agent. I are signature. 12. 11/12. 11/12. 11/12. 11/12. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida. Such change waterns of, Section 607.0508, it mutation displacation (6) DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutes. 13. 1 Tifle 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 Tifle 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 Tifle 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are agent. I are signature. 12. 11/1. 1	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida. Such change waterns of, Section 607.0508, it mutation displacation (6) DIRECTORIS DELETE DELETE	as authorized by the corpora Florida Statutos. IT I TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are signature. 12. 11/1.	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida Such change waterns of Section 607.0508, It must refer than the Charge of	as authorized by the corpora Florida Statutos. IT I TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are agent. I are agent. I are signature. 112. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida. Such change waterns of, Section 607.0508, it mutation displacation (6) DIRECTORIS DELETE DELETE	AS AUTHORIZED by the CORPORT Florida Statutes. VOIT Progistored Agent signature req 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. I are agent. I are agent. I are signature. 112. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida Such change waterns of Section 607.0508, It must refer than the Charge of	AS AUTHORIZED by the CORPORT Florida Statutes. VOIT Fingistered Agent signature req 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange
Office of the agent. Far agent. F	poistered agent, on familiar with, an storature, typed or present the present	or both, in the State and accept the obligation of registered age. OFFICE RS ANI AFAEL I DO STREET LES FL 33166 M DO STREET LES FL 33166 T CANAL DR.	OF Florida Such change waterns of Section 607.0508, It must refer than the Charge of	AS AUTHORIZED by the CORPORT Florida Statutes. VOIT Progistored Agent signature req 13. 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	ation's board of directors. I hereby a	DATE FFICERS AND DIRE Ch	CTORS IN 12 ange

Luis T. Perez - Secrelary