## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P94000004914 (5) **DOCUMENT #** 

ALACDICANI	MATHEMANIT	DISTRIBUTORS INC.	
AMERICAN	NATUHAVII	DISTRIBUTORS INC.	

Principal Place of Business Mailing Address 7274 NW 66 STREET 7274 NW 66 STREET MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1994 05/01/1995 2a. Mailing Address 4545 N.W. 4. EEI Number 2. Principal Place of Business Applied For 7 ST. 65-0462371 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desireo 27 SUITE 12 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution MIAMI, FLORIDA Added to Fees 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No Country Zio 33126 U.S.A 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GARCIA, ENRIQUE J Street Address (P.O. Box Number is Not Acceptable) **7274 NW 66 STREET** яз **MIAMI FL 33166** City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or protect two endinespetency dyind and the diagon at a DATE TV CE Frontstered Apent's mature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/ DELETE Change Addition TITLE 1.1 TITLE GARCIA, ENRIQUE J 1.2 NAME NAME STREET ADDRESS **7274 NW 66 STREET** 1.3 STREET ADDRESS **MIAMI FL 33166** CITY - ST - ZIP 1.4 City - St - ZiP DELETE Change Add tion 2 1 TULE TIFLE ARENAS, ROMAN BAILON NAME 2.2 NAME 7274 NW 66 STREET 2.3 STREET ADDRESS STREET ADORESS MIAMI FL 33166 CITY - ST - ZIP 2.4 City - St - ZiP TITLE DELETE 3 1 111115 ☐ Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST- ZIP [ ] DELETE ☐ Change ■ Addition 4 1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+ST-7/P ☐ DELETE Addition 5 1 T 1 LE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 C:TY - ST - Z-P DELETE Change Addition TitlE 6 LIGHTLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information

SIGNATURE:

certify that the information indicated oath; that I am an officer or director

appears in Block 12 or Block

OF SIGNING OFFICER OR DIRECTOR

supplied with this filing is

ENRIQUE J. GARCIA 4/16/96

Juintarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further

emental annual report is true and accurate and that my signature shall have the same legal effect as if made under Jer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(305)593-5417

Discharge Pitation #