

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P94000023512 (4)**

**1. Corporation Name: HI-TECH DISTRIBUTORS, INC.**



**Principal Place of Business: 7249 N.W. 54TH ST. MIAMI FL 33166**  
**Mailing Address: 7249 N.W. 54TH ST. MIAMI FL 33166**

**3. Date Incorporated or Qualified: 03/25/1994**      **3a. Date of Last Report: 05/01/1995**

**2. Principal Place of Business:**  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip      25 Country  
**2a. Mailing Address:**  
 26 Suite, Apt #, etc.  
 27 City & State  
 28 Zip      29 Country

**4. FEI Number: 65-0477040**      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:**  
**DOBAL, CONNIE**  
~~708 CRANDON BLVD.~~  
~~STE. 8~~  
~~KEY BISCAYNE FL 33140~~

**10. Name and Address of New Registered Agent:**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable): **4720 N.W. 102nd Avenue**  
 83 #106  
 84 City: **MIAMI**      FL 85 Zip Code: **33178**

**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: \_\_\_\_\_ (Signature of Registered Agent)      \_\_\_\_\_ (Signature of Registered Agent)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOBAL, CONNIE	
STREET ADDRESS	708 CRANDON BLVD. STE. 8	
CITY-ST-ZIP	KEY BISCAYNE FL 33140	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PENAS, FRANCIS	
STREET ADDRESS	4798 N.W. 103RD CT.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	P/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Dobal, Connie	
13 STREET ADDRESS	4720 N.W. 102nd Avenue, #106	
14 CITY-ST-ZIP	Miami, Florida 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*233.75

**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed: 0/0/1 an attachment with an address.**

**SIGNATURE:** *CONNIE DOBAL* 6/14/96 (305) 882-2747  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Connie Dobal* 05 7130196

CR2E034 (3/96)