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

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Feb 06 1998 8:00am

Secretary of State

DOCUMENT # P94000028507 (9)

B & D DISTRIBUTORS, INC.	0026507 (9)					
Principal Place of Business Mailing Address			4 10011E01 410 10111 B1011 00111 00111 00111 0111			
3024 S.W. 27TH AVENUE 3024 S.W. 27TH AVENUE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133			DO NOT WRITE IN THIS SPACE			
			 Date Incorporated or Qualified 04/14/1994 			
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21	26		65-0494719	Not Applicable		
Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 25	Zip Country 29 30		8. This corporation owes or has paid the currept year Intangible Personal Property 1ax due June 30. Yes No			
g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent			
Larsen, Robert		81 Name				
3024 S.W. 27 AVENUE COCONUT GROVE FL 33133		82 Street Address (P.O. Box Number is Not Acceptable)				
t		83				
		84 City	FL ^t	Zip Code		
 Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	02 and 607.1508, Florida Statutes, the a of Florida Such change was authorize ations of, Section 607.0505, Florida Sta	above-named cored by the corporations.	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	anging its registered ment as registered		

agent. I a	m familiar with, and accept the obligations of, Section	n 607.0505, Florid	da Statules.	Solution a board of directors. Therefore	ру ассертите арропители аз	registoreo
SIGNATURE		· ·				
12.	Signature, typed or printed name of registered against and title if applicate OFFICERS AND DIRECTORS	le (NOTE F	Ingistered Agent signature	required when reinstating)	O OFFICERS AND DIRECTOR	OC IN 1 10
TITLE	OF HOERO AND PINEGRONS	DELETE	OTHE P	President.	Change	Addition
· ·	P P P P P P P P P P P P P P P P P P P		12 NAME	TTIV AYHZUAUY		(E) ROUNIUM
NAME	SHYA, YUAN	,		250 35 3/14	Stratt Aut 1	
STREET ADDRESS	3024 S.W. 27 AVENUE		1.3 STREET ADDRESS	Miami Fla	sincer ager ac	777
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY- ST- ZIP	Miami Fla	<u> </u>	
TITLE		DELETE	2.1 TITLE V/T	NICE PRESIDENT	* TREASUCER Change	Addition
NAME			2.2 NAME	BODERT LATSEN 3024 SW 27 KV	_	
STREET ADDRESS			2.3 STREET ADDRESS	3024 30 27 40.		
CITY-ST-ZIP			2 4 CITY-ST-ZIP	COCONUT Grove &		
TITLE		DEFETE	3.1 TITLE S	Secetary	Change	☐ Addition
NAME			3.2 NAME	Tenise Larsen	•	
STREET ADDRESS		'	3.3 STREET ADDRESS	Benise Latsen	e . ,	
CITY - ST - ZIP			3.4. CITY-ST-ZIP	COCONUT Grove	P(33133	
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELFTE	5.1 1111.8		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C(TY - ST - Z(P			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			64 CITY-ST-21P			

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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