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

PROFIT • CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400039686 (8)

DOLI DISTRIBUTORS, INC.

										, IN A PROBLEM IN THE TOTAL OF STREET OF SHE		(TE)		
Principal Place of Business Mailing Address													## BIN 1501	
839 S.W. 132 AVE. MIAMI FL 33184				839 S.W. 132 AVE. MIAMI FL 33184-1800										
									3.	Date Incorporated or Qualified 05/26/1994		ite of Last I 23/1996	Report	
Principal Place of Business The Principal Place of Business					2a. Mailing Address 26				4.	4. FEI Number Applied Fo 65-0495299 Not Applie				 e
Suite, Apt #, etc					Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required					
City & Stale			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
	Zip Country			-	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,					-
24	<u> </u>	25 29 30 9. Name and Address of Current Registered Agent				30	<u>'</u>			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	O.I.N			nitetii negis	tered Agent		1	Name	10.	. Name and Address of New Me	Bistelec y	Age nt		4
		ICHEZ, NE				ľ		Name						1
3315 TOLEDO PLAZA CORAL GABLES FL 33134							2	Street Addr	t Address (P.O. Box Number is Not Acceptable)					
							3							
							4	City			FL		Code	
1	 Pursuarit t office or re agent I ar 	to the provis egistered aç m familiar w	sions of Sections 607 gent, or both, in the l vith, and accept the i	7.0502 and 6 State of Flori obligations o	07.1508, Florida Stati da. Such change was f, Section 607.0505, f	utes, the abo authorized forida Statu	by les	e-named corp the corporati s.	orationis	on submits this statement for the p board of directors. I hereby accep	urpose of t the app	changing ointment a	its registered s registered	·
s	ignature .	Signature, type:	d or printed name of register	ed agent and tile	if applicable . (NC	TE Registered	\ger	nt signature require	ed whe	n reinstating)	DATE			
1:	2.		OF FICERS	S AND DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	_
TI	TLE	DPT			DELETE	1.1 TITL	E				•	Change	Addition	ì
N	AME		la, ernesto			1.2 NAM	E							
s	TREE1 ADDRESS		/. 132 AVE.			1.3 STRI	ET	ADDRESS						
c	ITY-ST-ZIP	MLAMI F	L 33184			1.4 CITY	-\$1	T-21P						-
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5	FREET ADDRESS		. 132 AVE.			2.3 STRI	ET :	ADDRESS						
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5	TREET ADDRESS		.W. 185 TERRACE	•		3.3 \$TRI	ET .	ADDRESS 2	16	E. Guillama S.w. 132 Ave. m1, F1 33184				
C	TY - ST - ZIP	MIAMI F	L 33177	 		3.4. C(T	/-\$	ST-ZIP	HIA	m1, F1 33184				_
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CITY-ST-ZIP

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, o(a) an attachment with in address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-26-97 305-226-2056

FILED

Feb 06 1997 8:00am

Secretary of State