FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] 21 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042255 (7)

1. Corporate Name
P.V.P. DISTRIBUTORS, INC.

Principal Place of Business
4204 NW 88TH AVENUE STE. 110
SUNRISE FL 33351

Mailing Address
4204 NW 88TH AVENUE STE. 110
SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 06/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
29 30

4. FEI Number: 65-0505543 — 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. The corporation hereby elects to be subject to Section 607.0505, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

POSITANO, PETE
4204 NW 88TH AVENUE STE. 110
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Peter Positano — Date: 4-17-95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19
Title / Name / Street Address / City, St, Zip	☐ Change ☒ Addition Title: President Name: Peter Positano Street Address: 4204 NW 88 Ave #110 City, St, Zip: Sunrise, FL 33351
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am familiar with and authorized to file this corporation's annual report or supplemental annual report in compliance with Chapter 607, Florida Statutes, and that the name appearing below as an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name appearing below is the name of a person authorized to do so.

SIGNATURE: Peter Positano — Peter Positano — 4-17-95 (305) 749 6206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240080 CP