

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047474 (9)

1. Corporation Name
MONIMBO DISTRIBUTORS, INC.



Principal Place of Business
**529 NW 12TH AVE
MIAMI FL 33136**

Mail Address
**529 NW 12TH AVE
MIAMI FL 33136**

2. Principal Place of Business
21 State, Apt. No. 22 City & State 23 Zip 24 County
2a. Mailing Address
26 State, Apt. No. 27 City & State 28 Zip 29 County 30

9. Name and Address of Current Registered Agent
**GAITAN, GLORIA
529 NW 12TH AVE
MIAMI FL 33136**

3. Date of Incorporation or Continued **06/24/1994** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0503675** Applied For Not Applicable
5. Certificate Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. The corporation has fully or partially paid tax under S. 1900 (2) Florida Statutes. Yes No
10. Name and Address of New Registered Agent

81 Name
82 Street Address (If Different from Not Applicable)
83
84 City, State, Zip Code
FL 85

11. I, the undersigned, being duly qualified to act as a registered agent for the purposes of changing its registered office or registered agent, do hereby certify that the corporation is in good standing and that the corporation is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE
12. Name of Registered Agent
**DP
GAITAN, GLORIA
529 NW 12TH AVE
MIAMI FL 33136
VTS
GAITAN, GLORIA
529 NW 12TH AVE
MIAMI FL 33136**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS
 Change Addition
 Change Addition
 Change Addition
 Change Addition

14. I do hereby certify that the information supplied by me is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or a shareholder or member of the corporation. My signature shall be a legal act and I shall be bound by the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report.

SIGNATURE: *Gloria Gaitan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2596 305-2203791

CR2E034 (12/95)