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

PROFIT CORPORATION ANNUAL REPORT

1997

14. I do hereby certify that the information supplinformation endicated on this annual report of lam an officer or director of the corporation.

appears in Block 12 or Block 1

**SIGNATURE** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Apr 24 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000078637 (3) 1. Corporation Name

INTERNATIONAL DISTRIBUTION ENTERPRISES, INC.

Principal Place of Business Mailing Address 10003 WINDING LAKE ROAD 10003 WINDING LAKE ROAD SUITE #201 SUITE #201 SUNRISE FL 33351 SUNRISE FL 33351-5840 3a. Date of Last Report 3. Date Incorporated or Qualified 10/26/1994 11/19/1996 2a. Mailing Address 2. Principal Place of Business FÉI Number Applied For 65-0529179 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032. Yes No Florida Statutes 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SPENCER, MARK J **800 WEST AVENUE** Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE 21 83 MIAMI BEACH FL 33139 84 City 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. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or professionance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VPD DELETE Change THEF 1.1 TITLE GOUSSOT, REGULO 1.2 NAME NAME 10003 WINDING LAKE ROAD, SUITE 201 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 1.4 CITY - ST- ZIP City-St DELETE Change Addition THE 2.1 TITLE MONTERO, GERMAN 2.2 NAME 10003 WINDING LAKE ROAD, SUITE 201 STREET ADDRESS 2.3 STREET ADDRESS SUNRISE FL 33351 2.4 City-St-ZIP CITY - \$1 - 209 DELETE Change \_\_\_ Addition 3.1 TITLE 10.5 NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY+S1-7IP DELETE Change Addition 5.1 TITLE THEF NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS C-TY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE 7014 6 NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP CHY-ST-ZIP

on an attachment with an address

nd with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name