

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SEP 15 1995

100
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080124 (8)**

1. Corporation Name

PCS DISTRIBUTORS, INC.

Principal Place of Business

**13282 SOUTHWEST 102 TERRACE
MIAMI FL 33186**

Mailing Address

**13282 SOUTHWEST 102 TERRACE
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

4. FEI Number

05-0532440

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. This corporation has liability for intangible tax under S. 198.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 607.1505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director, if registered agent is not a director)

(Signature of Registered Agent or Director, if registered agent is not a director)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE **P**
2. NAME **SAROTE, CAROLYN W**
3. STREET ADDRESS **13282 SOUTHWEST 102 TERRACE**
4. CITY, ST, ZIP **MIAMI FL 33186**

5. TITLE ☐ Change ☐ Add New

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Rule 19A.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a 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 and Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Carolyn W. Sarote* **CAROLYN W. SAROTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95

387-9129