

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
John S. Gandy, Jr., Director

APPROVED
AND
FILED

95 MAY 11 11:11:05

DOCUMENT # P94000084445 (3)

E & H DISTRIBUTOR CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Existing Office Address: 4700 N.W. 7TH ST. #226 MIAMI FL 33126-2252
Mailing Address: 4700 N.W. 7TH ST. #226 MIAMI FL 33126-2252

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Organization: 11/18/1994		3a. Date of Last Report:	
4. FEI Number: 65-0536054		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. 199.032 Florida Statutes. ☐ Yes ☒ No			
2. Existing Office Address: 21	2a. Mailing Address: 26	22. State Apt. # etc.: 22	27. State Apt. # etc.: 27
23. City & State: 23	28. City & State: 28	24. Country: 25	29. Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDIEJA, EDUARDO
4700 N.W. 7TH ST.
#226
MIAMI FL 33126-2252

81. Name:	85. Zip Code:
82. Street Address (P.O. Box Number is Not Acceptable):	
83. City:	
84. City:	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: PST VALDIEJA, EDUARDO	4700 N.W. 7TH ST. #226 MIAMI FL 33126-2252	1. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	2. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	3. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	4. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	5. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	6. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	7. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	8. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	9. NAME: _____	☐ Change ☐ Addition
NAME: _____	_____	10. NAME: _____	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as has been filed with the Florida Department of State. I further certify that this information is filed on the annual report or supplementary annual report as has been filed and is correct and that my signature shall have the same legal effect as if made under oath. This filing is effective on the date of this corporation or the date of filing or preparation to execute this report as required by Chapter 407, Florida Statutes, and that my name appears on Block 1, of Block 1, of this report, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

5-9-95

447-7089