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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90014 026 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P95000005314

1. Corporation Name

MCR DISTRIBUTORS INTERNATIONAL, INC.

Principal Plac	te of Business	Mailing Address							
6595 NW 36 ST 6595 NW 36 ST									
SUITE 117 SUITE 117									
MIAMI FL 33166 MIAMI FL 33166 US US							RITE IN THIS	SPACE	
						<ol> <li>Date Incorporated or Qualife 01/20/1995</li> </ol>	a 		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		<b>├</b> ─┤─	pplied For
21						65-0550172			ot Applicable
27					· 	5. Certifcate of Status Desired		Fee R	Additional equired
<b>⊢</b> ′	City & State City & State					6. Election Campaign Financin	9 🖸		May Be
Zip	Country	Zip	Cour	atru		Trust Fund Contribution			to Fees
24	25 29 30			шу		This corporation owes the cu     Personal Property Tax.	irrent year in	tangible Yes	<b>™</b> No
2-4)	9. Name and Address of Current	. []	30			10. Name and Address of New	Registered		
				81	Name				
	/ILLA, ALEJANDRO J		-	82	Caroot Addres	as (D.O. Bay Number is Not Asset	-4-b1-\		
6595 NW 36 ST				02	Street Addre	ss (P.O. Box Number is Not Accep	nable)	29. 2. 2	المعالم عملا
	TE 115		Ī	83			135	10310	
MIA	MI FL 33166		}	84	City		<u>***,32.33</u>	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	tes the ah	OVE-F	amed corno	ration submits this statement for th	E Nurnose of	changing its	registered
office or r	registered agent, or both, in the State of	f Florida. Such change was a	authorized	by the	e corporation	n's board of directors. I hereby acc	ept the appoi	intment as re	egistered
	im familiar with, and accept the obligati	ons of, Section 607.0505, Fic	onda Statu	ites.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered A	Agent si	onature required y	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRECTO	ORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITL	LE					
NAME	revilla, alejandro j					A State of		☐ Change	☐ Addition
STREET ADDRESS	15379 SW 42ND TERRACE		1.2 NAM			$\mathcal{M}_{\mathcal{F}} \triangleq \mathbb{R}^{n \times n} \left( \mathbb{R}^{n} \right)$		☐ Change	☐ Addition
CITY-ST-ZIP	MIAMI FL 33185				DRESS	A Charles		☐ Change	☐ Addition
TITLE .	MINMI TE 33 103		1.3 STR	ME		$\mathcal{M}_{\mathcal{F}}^{M_{\mathcal{F}}M_{\mathcal{F}}}$ , $\mathcal{F}_{\mathcal{F}}^{M_{\mathcal{F}}M_{\mathcal{F}}}$		☐ Change	☐ Addition
	VSD VSD	☐ DELETE	1.3 STR	ME REET AL Y-ST-Z		A. Marin is		☐ Change	☐ Addition
NAME		☐ DELETE	1.3 STR 1.4 CIT	ME REET AL Y-ST-Z LE		M. Marier, a	·		
STREET ADDRESS	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	[_] DELETE	1.3 STR 1.4 CITY 2.1 T/TL	ME REET AL Y-ST-Z LE ME	IP .	M. Marier, a	·		
	VSD JURADO, MARIA D	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	ME REET AL Y-ST-Z LE ME REET AL	P ORESS	M. Marine, a			
STREET ADDRESS	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	ME Y-ST-Z LE ME REET AD TY-ST-Z	P ORESS	A. Marine, a			
STREET ADDRESS CITY-ST-ZIP	VSD JURADO, MARIA D 15379 SW 42ND TERRACE		1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	ME REET AL Y-ST-Z LE ME REET AL TY-ST-Z LE	P ORESS	A. Marine, a		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	VSD JURADO, MARIA D 15379 SW 42ND TERRACE		1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL	ME  Y-ST-Z  LE  ME  REET AC  Y-ST-Z  LE  ME	P PORESS	A. Marine		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE	1.3 STR 1.4 GTP 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	ME REET AL Y-ST-Z LE ME REET AL IY-ST-Z LE ME REET AL IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-I	IP IORESS			☐ Change	☐ Addition ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VSD JURADO, MARIA D 15379 SW 42ND TERRACE		1.3 STR 1.4 GTP 2.1 TITL 2.2 NAA 2.3 STR 2.4 GIT 3.1 TITL 3.2 NAA 3.3 STR	ME REET AL Y-ST-Z LE ME REET AL IY-ST-Z LE ME REET AL IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-IT-I	IP IORESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE	1.3 STR 1.4 GTP 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4. CIT	ME REET AL Y-ST-Z LE ME TY-ST-Z LE ME REET AL TY-ST-Z LE ME REET AL TY-ST-Z	IP IORESS			☐ Change	☐ Addition ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT	ME  REET AL  Y-ST-Z  LE  ME  REET AL  REET AL  LE  ME  REET AL	IP IORESS IDP IORESS IP ORESS			☐ Change ☐ Change	Addition  Addition  Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA	ME Y-ST-Z LE ME KEET AL ME	IP IORESS IDP IORESS IP ORESS P			☐ Change ☐ Change	Addition  Addition  Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CONTROL OF THE STREET ADDRESS CITY-ST-ZIP	VSD JURADO, MARIA D 15379 SW 42ND TERRACE	☐ DELETE ☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAA 5.3 STR 5.4 CITY	ME REET ALL	IP  ORESS  ORESS  P  DRESS		The second secon	☐ Change ☐ Change ☐ Change	Addition Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MAMIA D. JVEADO