FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000009280 (5)**

1. Corporation Name

TAMIAMI GENERAL DISTRIBUTION, INC.

Principal Place of Business
10426 S.W. 147TH COURT
MIAMI FL 33196

Mailing Address
10426 S.W. 147TH COURT
MIAMI FL 33196

3. Date Incorporated or Qualified: **02/03/1995**
3a. Date of Last Report: 2-3-95

2. Principal Place of Business
21 13512 S.W. 129 St
22 Suite, Apt. #, etc
23 City & State: MIAMI FL
24 Zip: 33186
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0563329 — 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

9. **Name and Address of Current Registered Agent**

LEON, RENE
10426 S.W. 147TH COURT
MIAMI FL 33196

10. **Name and Address of New Registered Agent**

81 Name: MARISOL LEON
82 Street Address (P.O. Box Number is Not Acceptable): 10426 S.W. 147 Ct
83
84 City: MIAMI FL 85 Zip Code: 33196

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: MARISOL LEON, TREASURER 4-19-96
Signature of corporate officer or printed name of officer, director and title if applicable — (NOTE: Registered Agent Signature required when no officer) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	V ☒ Change ☐ Addition
NAME	LEON, RENE	1.2 NAME	Rene S. Leon
STREET ADDRESS	10426 S.W. 147TH CT.	1.3 STREET ADDRESS	10426 S.W. 147 Ct
CITY-ST-ZIP	MIAM FL 33196	1.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	TD ☐ DELETE	2.1 TITLE	S/T ☒ Change ☐ Addition
NAME	LEON, MARISOL	2.2 NAME	MARISOL LEON
STREET ADDRESS	10426 S.W. 147TH CT.	2.3 STREET ADDRESS	10426 S.W. 147 Ct
CITY-ST-ZIP	MIAM FL 33196	2.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VD ☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	MERCADO, ALEX	3.2 NAME	Marcelo Mercado
STREET ADDRESS	10426 S.W. 147TH CT.	3.3 STREET ADDRESS	10426 S.W. 147 Ct
CITY-ST-ZIP	MIAM FL 33196	3.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	VD ☒ DELETE	4.1 TITLE	VP ☐ Change ☒ Addition
NAME	MONTANEZ, BRENDA L	4.2 NAME	Cristian Leon
STREET ADDRESS	10426 S.W. 147TH CT.	4.3 STREET ADDRESS	8871 Ridgeline Dr.
CITY-ST-ZIP	MIAM FL 33196	4.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: MARISOL LEON 4-20-96 (305) 278-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)