**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PAID CHECK 0774
FERMINA B. FERNANDEZ

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **P95000017645 (9)**

1. Corporation Name
**A.F. CANDY DISTRIBUTOR, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~569 S.W. 39 AVE.~~<br>~~MIAMI FL 33134~~ | ~~569 S.W. 39 AVE.~~<br>~~MIAMI FL 33134~~ |

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business — 21: 9261 SW 24 Terr
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23: MIAMI, FL.
City & State — 28:
Zip — 24: 33165
Country — 25: DADE
Zip — 29:
Country — 30:

4. FEI Number: 65-0571089 ☐ 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**

**FERNANDEZ, ANTONIO**
~~569 S.W. 39 AVE.~~
**MIAMI FL 33134**

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

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 9261 S.W. 24 Terr
83:
84 City: MIAMI **FL** 85 Zip Code: 33165

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 607.0505, Florida Statutes.

SIGNATURE: Antonio Fernandez — DATE: 7-31-96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required where required.)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PSTD | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | FERNANDEZ, ANTONIO | | 12 NAME | |
| STREET ADDRESS | 569 S.W. 39 AVE. | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33134 | | 14 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | | 22 NAME | |
| STREET ADDRESS | | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | |
| STREET ADDRESS | | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | |

CR2E034 (3/96)

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 a director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Antonio Fernandez — 7/31/96 — (305)559-5730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #