

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000029663 (8)**

1. Corporation Name
DISTRIBUIDORA DINAMIC LTDA INC.



Principal Place of Business: **1131 N.E. 104TH STREET N. MIAMI FL 33138**
Mailing Address: **1131 N.E. 104TH STREET N. MIAMI FL 33138**

3. Date Incorporated or Qualified: **04/17/1995** 3a. Date of Last Report

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

4. EET Number: **65-0579784**
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

**SU, TAI IH
1131 N.E. 104TH STREET
N. MIAMI FL 33138**

10. Name and Address of New Registered Agent

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	PD	<input type="checkbox"/> DELETE
NAME	SU, TAI IH	
STREET ADDRESS	1131 N.E. 104TH STREET	
CITY-STATE-ZIP	N. MIAMI FL 33138	
12.2		<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
12.6		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY-STATE-ZIP	
13.5	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY-STATE-ZIP	
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY-STATE-ZIP	
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY-STATE-ZIP	
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY-STATE-ZIP	
13.21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAI IH SU

2/15/96

(705) 754-0404

DATE DAYTIME PHONE #

CR2E034 (12/95)