

**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.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000031404 (3)**  
1. Corporation Name

**INTERNATIONAL DISTRIBUTION CONSULTANTS, INC.**



Principal Place of Business: **9073 S.W. 142ND PATH MIAMI FL 33186**  
Mailing Address: **9073 S.W. 142ND PATH MIAMI FL 33186**

3. Date Incorporated or Qualified: **04/17/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0589377**  
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. Principal Place of Business: **9073 S.W. 142ND PATH MIAMI FL 33186**  
2a. Mailing Address: **9073 S.W. 142ND PATH MIAMI FL 33186**  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip Country  
24. Zip Country

9. Name and Address of Current Registered Agent  
**LEON, GUILLERMO  
9073 S.W. 142ND PATH  
MIAMI FL 33186**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <b>PSD</b>                      | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>LEON, GUILLERMO</b>          | 12 NAME   |   |
| STREET ADDRESS             | <b>9073 S.W. 142ND PATH</b>     | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33186</b>           | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 22 NAME   |   |
| STREET ADDRESS             |                                 | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 32 NAME   |   |
| STREET ADDRESS             |                                 | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 42 NAME   |   |
| STREET ADDRESS             |                                 | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 52 NAME   |   |
| STREET ADDRESS             |                                 | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 62 NAME   |   |
| STREET ADDRESS             |                                 | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                 | 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Guillermo Leon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Guillermo Leon**

7/22/96

CR2E034 (3/96)