

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

Amended Report

PROFIT CORPORATION
ANNUAL REPORT
AMENDED
1996



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

DOCUMENT # P95000031854

1. Corporation Name

BROTHERS DISTRIBUTING COMPANY, INC.

Principal Place of Business

Mailing Address

3609-3615 NW 19th Street
Lauderdale Lakes, FL 33311

*mwb
11-4-96*

FILED
96 OCT 31 PM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 4/24/95
a. Date of Last Report 6/26/96

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3600-3615 NW 19 Street	26 same	65-0627183	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Lauderdale Lakes, FL	28		
Zip	Country	29	30
24 33311	25 US		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Law Offices of Carolyn Karetts, PA
3121 Ponce de Leon Blvd.
Coral Gables, FL 33134

81 Name	85 Zip Code
Steven L. Jones, Esq.	FL 33138
82 Street Address (P.O. Box Number is Not Acceptable)	
9999 NE Second Avenue	
83	
Suite 216	
84 City	
Miami Shores	

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: *Steven L. Jones* DATE: *10/25/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T/S	FATIMA SHATAT	1.2 NAME	MAHER SAIEH
STREET ADDRESS	2375 NE 173 Street	1.3 STREET ADDRESS	9210 NE Second Avenue
CITY-ST-ZIP	North Miami, FL 33160	1.4 CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	500001997315--0
STREET ADDRESS		3.3 STREET ADDRESS	-11/06/96--01027--004
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fatima Shatat* DATE: *10/25/96* (205) 452-8530

CR2E034 (12/95)