## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P95000043164 (9)

ALMAR DISTRIBUTORS, INC.

## **FILED** May 16 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address  11841 SOUTHWEST 96TH TERRACE 11841 SOUTHWEST 96TH 1 MIAMI FL 33186 MIAMI FL 33186-2769				f 110(168) ise saidt diein deilt dezis aans abitt diese indi tiesa britt 4/6/ 100:	
			TERRACE		
				3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report 03/15/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	· · · · · · · · · · · · · · · · · · ·	65-0587681	Not Applicable
Suite, Apt		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati 23	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Couritry	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199,032.
24 (	25		30	Florida Statutes	Yes No
	. 9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	platered Agent
THE	LAW FIRM OF LAWRENCE J	SPIEGEL CHRTD	81 Name		
343 ALMERIA AVENUE				Idress (P.O. Box Number is Not Acceptab	le)
CORAL GABLES FL 33134			00	( io por runno io rot rocopias	
			83		
			84 City		85 Zip Code
			City		FL S 25 Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the above named co	orporation submits this statement for the p	urpose of changing its registered
	egistored agent, or both, in the Sta im familiar with, and accept the obl	ite of Florida, Such change was at igations of, Section 607.0505, Flor	ida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accept	it the appointment as registered
SIGNATURE	Storature Typed or printed name of registered	NOTE:	Registered Agent signature re-	oulfed when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	CUVILLY, ALAIN		1.2 NAME		
STREET ADDRESS	11841 SOUTHWEST 98TH T	ERRACE	1.3 STREET ADDRESS		
CITY - S1 - ZIP	MIAMI FL 33188		1.4 CITY-ST-ZIP		
THTLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	CUVILLY, MAY		2.2 NAME		
STREET ADDRESS	11841 SOUTHWEST 98TH 1	ERRACE	2.3 STREET ADDRESS		
CHY-ST-7IP	MIAMI FL 33186		2. 4 CITY - ST - ZIP		
TPTLE	SD	DELETE	3.1 TITLE		Change Addition
NAME	CUVILLY, JEAN-MARC		3.2 NAME		
STREET ADDRESS	11841 SOUTHWEST 98TH T	ERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33188		3.4. CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE *		Change Addition
NAME	CUVILLY, GUY		4. 2 NAME		
STREET ADDRESS		ERRACE	4.3 STREET ADORESS		Λ
CITY-ST-ZiP	MIAMI FL 33186		4.4 CITY-ST-ZIP		\ <u>\</u> \
HILE		☐ DELETE	5.1 TITLE	M.	Change Addition
NAME			5.2 NAME	$\psi$	16
STREET ADDRESS			5.3 STREET ADDRESS	•	<b>₹</b> .^~
CITY - S1 - ZIP			5.4 CITY-ST-ZIP		V)
TITLE		DELETÉ	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	60000219 -05/30/97010 ***165.00	5756
STREET ADDRESS			6.3 STREET ADDRESS	-05/30/97010	15023
CITY - S1 - ZIP			6.4 CITY - ST - ZIP	***165 <b>.</b> 00	
	by certify that the information supp	lied with this filing does not qualify		ted in Section 119.07(3)(i), Florida Statute	s. 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 of a man officer or director of the corporation or the receiver of 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 chapped, or on an attachment with an address.

SIGNATURE: