

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000047899 (6)**

1. Corporation Name  
**ALLSAN DISTRIBUTORS INC.**



Principal Place of Business  
**16215 NE 18TH CT. STE 314  
N. MIAMI BEACH FL 33162**

Mail Stop Address  
**16215 NE 18TH CT. STE 314  
N. MIAMI BEACH FL 33162**

2. Principal Place of Business  
21 **13724 NE BISCAYNE BLVD** 22 **FL**  
23 **N. Miami Beach** 24 **33181** 25 **USA**  
26 **13724 NE BISCAYNE BLVD** 27 **FL**  
28 **N. Miami Beach** 29 **33181** 30 **USA**

3. Date Incorporated or Qualified **06/12/1995**  
3a. Date of Last Report  
4. FEIN Number **65-0589691**  
5. Certificate of Studies Designated  **\$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

**MENAKHEM, NOAM  
16215 NE 18TH CT. STE 314  
N. MIAMI BEACH FL 33162**

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 607.041 and 607.1503, 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 Sections 607.041 and 607.1503, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Secretary or Treasurer

FEIN

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MENAKHEM, NOAM</b>	
STREET ADDRESS	<b>16215 NE 18TH CT. STE 314</b>	
CITY-STATE-ZIP	<b>N. MIAMI BEACH FL 33162</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true, correct, complete and does not qualify for the exemption provided in Section 139.07(2)(a), Florida Statutes. I further certify that this form is to be filed on the date of report or the date of report if my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation, then such a filing is voided to the extent that it purports to be a report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Noam* **NOAM MENAKHEM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-29-96** (305) 944-9953  
Date Date of Filing

CR2E034 (12/95)