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Secretary of State

03-01-1999 90138 010 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058378

1. Corporation Name
AMAREX DISTRIBUTORS, INC.



Principal Place of Business
13305 SW 102 TERR
MIAMI FL 33186

Mailing Address
13305 SW 102 TERR
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

65-0598677

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2 LEUCADENDRA DR

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL

Zip

24 33156 25 USA

Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

29 30 Country

9. Name and Address of Current Registered Agent

DEAN, ROBERT M
13305 SW 102 TERR
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name DEAN, ROBERT M

82 Street Address (P.O. Box Number is Not Acceptable)

13502 S.W. 102 LN

83

84 City Miami

FL

85 Zip Code 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DEAN, ROBERT M
STREET ADDRESS 13305 SW 102 TERR
CITY-ST-ZIP MIAMI FL 33186

TITLE D
NAME THYRRE, ALEC G
STREET ADDRESS 13305 SW 102 TERR
CITY-ST-ZIP MIAMI FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME DEAN, ROBERT M
1.3 STREET ADDRESS 13502 S.W. 102 LN
1.4 CITY-ST-ZIP Miami, FL 33186

2.1 TITLE D
2.2 NAME THYRRE, ALEC G
2.3 STREET ADDRESS 2 LEUCADENDRA DR
2.4 CITY-ST-ZIP Coral Gables, FL 33156

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-79

305-343-1396

CR2E034 (11/98)