	PLEASE READ	ALL INST	TRUCTIONS BEFORE C	OMPLET	ING THIS FORM	
	PLICATION FOR STATEMENT	FLORID	DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	ł	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCI 1. Corpora	JMENT # P9500	006096	62		99 NOV - 1 PM 4: 32	
4 & В	FLORIDA DISTRIBUTOR	RS, INC.				
Principal Place of Business 570 NE 185TH ST		•	Mailing Address 570 NE 185TH 8T			
N MIAMI FL 33179 US		N MIAMI FL 33178 US		EINSTATEMENT		
	ncipal Office Address, If Applicable	3. New Maili			porated or Qualified ness in Florida 08/07/1995	
City & State		City & State		5. FEi Numbe	Applied For Not Applicable	
Zip Z. Namos	Country	Zip	Country orida nonprofit corporations must list at lea	CERTIFICATI	E OF STATUS DESIRED \$8.75 Articles and Fee require for a Certificate of Status	
Title(s)	Name of Officers and/or Directors 2	ror Director (Fid	Street Address of Each Officer and/or Director	st 3 directors)	City / State / Zip	
V	ABDIN, BOCHR 8500 N		8500 N LAKE DASHA DR		PLANTATION FL	
P	DALLOUL, AHMED		10515 10TH ST		PLANTATION FL 33322	
				80	00030386587	
		· ·			-11/08/9901126001 ****750.00 ****750.00	
	8. Name and Address of Current	Registered Age	ent	9. Name and A	Address of New Registered Agent	
ABDIN	, BOCHR		Name	O Day Nigel		
570 N	E 185TH ST MI FL 33178		Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
			City		State Zip Code	
ignature of	Agent Bankada	2. Dag	oration, am familiar with and accept the ob MENT MUST SIGN	ligations of Secti		
Registered a	that Jam an officer or director or the rece statement application, the reason for diss	ver or trustee en	mpowered to execute this application as pri	he requirements	ppter 807 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees der section 119.07(3)(I), F.S. The information indicate	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION