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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000065671 (6)

1. Corporation Name
AFAB DISTRIBUTING, INC.



Principal Place of Business
4485 TREASURE COVE DRIVE
FT. LAUDERDALE FL 33312

Mailing Address
4485 TREASURE COVE DRIVE
FT. LAUDERDALE FL 33312-5652

3. Date Incorporated or Qualified 08/24/1995
3a. Date of Last Report 04/03/1996

2. Principal Place of Business
21 6303 STIRLING RD
Suite, Apt. #, etc.
22 City & State DAVIE, FL
Zip 33314 Country USA
23 33314 25 USA
26 6303 STIRLING RD
Suite, Apt. #, etc.
27 City & State DAVIE, FL
Zip 33314 Country USA
28 33314 30 USA

4. FEI Number 65-0605775
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SASARIO, DANIEL J JR
4485 TREASURE COVE DRIVE
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME SASARIO, DANIEL J JR
STREET ADDRESS 4485 TREASURE COVE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312
TITLE SD
NAME MEDER, DONALD E
STREET ADDRESS 4485 TREASURE COVE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312
TITLE VD
NAME KUBASEK, ERNEST
STREET ADDRESS 4485 TREASURE COVE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312
TITLE TD
NAME PARSONS, WILLIAM
STREET ADDRESS 4485 TREASURE COVE DRIVE
CITY-ST-ZIP FT. LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE SD
2.2 NAME MEDER DONALD E
2.3 STREET ADDRESS 1626 GRAY BARK DR.
2.4 CITY-ST-ZIP OLDSMAR, FL 34677
3.1 TITLE VD
3.2 NAME KUBASEK ERNST
3.3 STREET ADDRESS 10250 NW. 41ST CT
3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
4.1 TITLE TD
4.2 NAME PARSONS, WILLIAM
4.3 STREET ADDRESS 5555 OCEAN BLVD N. #47
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

14. I do 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.

SIGNATURE: *[Signature]* 4/8/97 954-581-5108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)