

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P95000065913

1. Corporation Name  
DISTRIMODELS, INC.

Principal Place of Business  
4700 S.W. 51ST ST.  
#204  
DAVIE FL

Mailing Address  
4700 S.W. 51ST ST.  
#204  
DAVIE FL

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90018 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number  
65-0614962

Applied For  
Not Applicable

5. Certificate of Status Desired: ☐ Yes ☒ No

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ Yes ☒ No

\$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 Rua Das Rosas 87  
Suite, Apt. #, etc.

22 P.O. Box 1106  
City & State

23 Gueifães - 4471 MAIA Codex  
Zip

24 Country Portugal

2a. Mailing Address

26 Rua Das Rosas 87  
Suite, Apt. #, etc.

27 P.O. Box 1106  
City & State

28 Gueifães - 4471 MAIA Codex  
Zip

29 Country Portugal

9. Name and Address of Current Registered Agent

CAVEAU, STEPHANIE  
4700 S.W. 51ST ST.  
#204  
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name Timothy H. Crotchfield, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 S. Biscayne Blvd  
83 Suite 800  
84 City Miami FL 85 Zip Code 33131

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

3/18/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME CAVEAU, STEPHANE  
STREET ADDRESS 4700 S.W. 51ST ST. #204  
CITY-ST-ZIP DAVIE FL

TITLE D ☒ DELETE  
NAME PERES U, BERNARD  
STREET ADDRESS 4700 S.W. 51ST ST. #204  
CITY-ST-ZIP DAVIE FL 33314

TITLE V ☒ DELETE  
NAME SZWARC, VALERIE  
STREET ADDRESS 4700 SW 52ST ST, #206  
CITY-ST-ZIP DAVIE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President and Director ☐ Change ☐ Addition  
1.2 NAME Bernard Peres  
1.3 STREET ADDRESS Rua Das Rosas 87 - P.O. Box 1106  
1.4 CITY-ST-ZIP Gueifães - 4471 MAIA CODEX, PORTUGAL

2.1 TITLE Secretary/Treasurer & Director ☐ Change ☐ Addition  
2.2 NAME Luis Gomes  
2.3 STREET ADDRESS Rua Das Rosas 87 - P.O. Box 1106  
2.4 CITY-ST-ZIP Gueifães - 4471 MAIA CODEX, PORTUGAL

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 #

1999.04.05

CR2E034 (11/98)

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