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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000084060 (9)

DOCUMENT # P9500084060 (9) T & R WHOLESALERS INTERNATIONAL, INC.						1 182/1881 172 1810/ BOW COX	! 48 (0) 45 (1) 84 (81 1810 818 11	i aran biri baki badi
Principal Place of Business			Mailing Address						
11822 SOUTHWEST 106 AVENUE MIAMI FL 33176		P.O. BOX 161270 MIAMI FL 33116							
						3. Date Incorporated or Qualified 11/02/1995	3a. Dai	e of Last I	Report
2. Principal Pla	Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0616971	J		Applied For
Suite, Apt. #, etc.		··· · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			03,00,0,11			Not Applicable
22		27	, , , , , , , , , , , , , , , , , , , ,			5. Certificate of Status Desired			5 Additional Required
City & State		1	ty & State			6. Election Campaign Financing			OO May Be
23 Ζιρ	Country	28			·	Trust Fund Contribution		Adde	ed to Fees
24	25)	29 29	,	Country		8. This corporation has liability to	r intangible t	ax under s	199.032
	9. Name and Address of Cur	rent Register	ed Agent	30		Florida Statutes XYe 10. Name and Address of New	s No	A	·
	LMERIA AVENUE L GABLES FL 33134			82 83 84	City	dress (P.O. Box Number is Not Accepte		85 7	ıp Code
SIGNATURE	ignative. Ny aktor product nacion of registers to		die ĝyo	la Bigistoni Ajiri		iration submits this statement for the pi ird of directors. Thereby accept the ap	LIATE		
THLE	PTD	AND DIRECTOR	DEKETE	13.		ADDITIONS/CHANGES TO OF			
NAME	HARO, RALPH			1.2 NAME			Ĺ	Change	☐ Addition
STREET ADDRESS	11822 SOUTHWEST 106	AVENUE		1.3 STREET	Afroness				
CITY - ST - ZIP	MIAMI FL 33176			1.4 CITY - S					
TITLE	VSD BUDGECC THOMAC W		☐ DELETE	2.1 101.6				Change	Addition
NAME CIRCL ADDRESS	Burgess, Thomas W 11822 Southwest 106	AV/EAR IE		2.2 NAME	•			_	_
STREET ADDRESS CITY-ST ZIP	MIAMI FL 33176	WAEUNE		23 STREET					1
TITLE			DELETE	2 4 CITY - ST 3 1 TIY: E	<u> 26</u>		··· - · · · · · · · · · · · · · · · · ·		
NAME				3.2 NAME			Ļ] Change	Add tion
STREET ADDRESS				3.3 STALET	ADORSSS.				
CITY-ST-ZIF				3.4 CHY - ST	i				ĺ
TITLE			DELETE.	4 1 TIFLE	 		Г] Change	Addition
NAME				4.2 NAME			L	9"	
STREET ADDRESS				4.3 STHEE: A	ODRESS				
CITY-ST-ZIP TITLE			F-1	44 C-Ir ST	- 7iF				
NAME			DELETE	5 1 TITLE] Change	☐ Addition
STREET ADDRESS				5.2 NAME					
City-St-ZiP				5 3 STREET A					
TIFLE		· · ·	DELETE	54 CHY ST	7.0				
NAME				6 1 TITLE] Change	Addition
STREET ADDRESS				6.2 NAME	5.5.64 .5.				
DITY-ST-ZIP				635THEFT A	DURESS				

64 City - \$1.7a*
Is complied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further the interpret of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under the proposation of the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes, and that my name 14. I do hereby certify that the information certify that the information indicated doath; that I am an officer or director of appears in Block 12 or Block 13 if \$6.

SIGNATURE: