SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9500084642 (4)

INTERNATIONAL MARKETING AND DISTRIBUTORS, INC.

FILED Aug 27 1998 8:00am Secretary of State



Principal Place of Business Malling Address							1 48 111 4819 1 11	
14261 SW 37 S		14261 SW 37 ST	14261 SW 37 ST					
MIAMI FL 33175		MIAMI FL 33175	MIAMI FL 33175		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						11/03/1995		
2. Principal P	lace of Business	2a. Malling Address	_			4. FEI Number		Applied For
21		26	26			65-0624762		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	———			5. Certificate of Status Desired		\$8.75 Additional Fee Required
22		27						
City & Stat	6	City & State	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country Zip Cou			ntrv			aid the curr	
24	25	29	30			8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
 1	·	of Current Registered Agent				10. Name and Address of New R		gent
DE CASTRO, NESTOR F					Name			
	11 SW 37 ST				Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
MIAN	AI FL 33175		İ	83				
								Top 7: Ords
				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 Gate 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 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or, prihited name of registered agent agent is applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE								
12.		CERS AND DIRECTORS	13.	00,74	gom arginatoro roqu	ADDITIONS/CHANGES TO OFF		DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TeT	LE				Change Addition
NAME	DE CASTRO, NESTOR		1.2 NA	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
STREET ADDRESS	14261 SW 37 ST		1.3 ST					ļį
City-ST-ZIP	MIAMI FL 33175		1.4 CIT					
TITLE	DELETE 2.1		2.1 TiT	2.1 TITLE			[Change Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 ST6	2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		-ZIP			
TITLE		DELETE		3.1 TITLE			L	Change Addition
NAME			3.2 NA					
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP			3.4 CH		-ZIP			
TITLE	E Vectore			4.1 TITLE 4.2 NAME			Ļ	Change Addition
NAME STREET ADDRESS					ADDRESS			
			4.4 CIT					
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		***			Change Addition
NAME	2 Decemb		5.2 NA				Ľ	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE				1 TITLE				Change Addition
NAME		h	6.2 NA	ME			-	• -
STREET ADDRESS			6.3 \$71	REET	ADDRESS			
CITY-ST-ZIP			6.4 CIT				<u></u>	
44 I basabu a	atifuthet the information our	alied with this filing does not evolity for t	ha ayama	dian	stated in sect	ion 110 07/3\/ii\ Florida Statutes I furt	har certify th	at the information

I. 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.

Marilda.

Desce T 4/19