## 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

## DOCUMENT # P95000096125 (6) 1. Corporation Name

DIEGO'S DISTRIBUTORS, INC.

Principal Place of Business Mailing Address

65 ALHAMBRA PLAZA
CORAL GABLES FL 33134

Mailing Address
CORAL GABLES FL 33134



								3. Date Incorporated or Qualified 12/20/1995	3a. Date	e of Last	Report
2. Principal Place of Business			2a. Mai	ling Address				4. FEI Number			Applied For
1			26								Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City 28	& State				Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip	Cour 25	ntry	Zip Country 29 30					8. This corporation has liability			
	9. Name and Add	iress of Current	Registere	d Agent				10. Name and Address of New	Registered	Agent	
						81	Name				
LOZANO, DIEGO 65 ALHAMBRA PLAZA						82 Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134				8		83			•		
OOTIAL GA	DC.EO 1 E 00104					84	City		FI	85	Zip Code
12.	name, types or printed ha	OFFICERS AND		<del>1</del> 8	13.			ADDITIONS/CHANGES TO OF			
	nature, typed or printed na					i Mgo	t signature required		DATE FICERS AN	D DIREC	TORS IN 12
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NAME					32 N						
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STREET ADDRESS CITY-ST-ZIP TITLE				DELETE	6 1 62 M 63 S	TITLE VAME STREE	I ADDRESS ST-ZIP			☐ Chan	ge 🔲 Additic

14. To hereby certify that the information supplies with this filling is voluntarily furnished and obes not qualify the examption stated in section 1. All the examption of the component 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 of 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 12 if changed, or or an attachment with an address.

SIGNATURE:

THE AND THE DEPRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #