**FILED** 

Mar 16, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000017936

1. Corporation Name

RODEO	DISTRIBUTORS, INC.										
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									<b>11</b> 111 <b>11</b> 111 <b>1111</b>	)	
Principal Place	e of Business	Mailing Addre	ess			.					
1350 W 53 ST		1350 W 53 ST	•			İ					
#7 HIALEAH FL 33	nto	#7 HIALEAH FL 33	3012					DO NOT WI	RITE IN THIS	SPACE	
US	UIZ	US	OUIL			3	. Date Incorpor	ated or Qualife	d		
							02/12/1996	6			
2. Principal Pl	lace of Business	2a. Mailing Ad	ddress			4.	. FEI Number				Applied For
21		26				- (	65-067205	6			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5	i. Certifcate of S	Status Desired			Additional
22		27									Required
City & State	e	City & Sta	ate			6	i. Election Camp	-	9 🖸		May Be
23		28					Trust Fund Co				to Fees
Zip	Country	Zip	İ	Country	,	8	I. This corporati		ırrent year Ir	tangible ☐ Yes	□No
24	9. Name and Address of Cu	29		30			Personal Prop Name and A		Registered		
	9, Name and Address of Co	ILIBIII VAĞISTALAN MÜAS	114	81	Name		, wante and A	<u> </u>			
NUN	ES-JANTOS, MARIO			<u></u>							
1350	) W 53 ST			82	Street	: Address (	(P.O. Box Numb	er is Not Acce	otable)		
#7				83							
HIAL	EAH FL 33012				L						
				84	City				FI	85 Zi	Code .
11. Pursuant	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, FI	lorida Statute	es, the abov	e-named	corporation	on submits this	statement for th	e purpose o	f changing i	ts registered
office or re	egistered agent, or both, in the S	tate of Florida. Such ch	nange was a	uthorized by	the corp	oration's b	poard of director	s:1 hereby acc	ept the appo	intment as	registered
anent La	m familiar with, and accept the ob-	blications of Section 60	07.0505. Flor	rida Statutes	s.						
agent. i ai	m familiar with, and accept the of	bligations of, Section 60	07.0505, Flo	rida Statutes	š,						
agent. I al	m familiar with, and accept the of	oligations of, Section of	77.0303, FIO	rida Statutes Registered Age	s.		n reinstating)		DATE		,
agent. I al	Signature, typed or printed name of registered  OFFICERS	d agent and title if applicable.	(NOTE	Registered Age	s.				DATE	ND DIREC	FORS IN 12
agent. I a	Signature, typed or printed name of registere  OFFICERS	d agent and title if applicable.	77.0303, FIO	Registered Age 13. 1.1 TITLE	s.		n reinstating)		DATE		FORS IN 12
SIGNATURE	Signature, typed or printed name of registerer OFFICERS PD NUNES-SANTOS, MARIO	d agent and title if applicable.  S AND DIRECTORS	(NOTE	13. 1.1 TITLE	nt signature	required when	n reinstating)		DATE	ND DIREC	FORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registere OFFICERS PD NUNES-SANTOS, MARIO 7555 S.W. 28TH TERRACE	d agent and title if applicable.  S AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME	nt signature	required when	n reinstating)		DATE	ND DIREC	FORS IN 12
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registerer OFFICERS PD NUNES-SANTOS, MARIO	d agent and tile if applicable. S AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature	required when	n reinstating)		DATE	ND DIREC	TORS IN 12
agent. Fail SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registere OFFICERS PD NUNES-SANTOS, MARIO 7555 S.W. 28TH TERRACE	d agent and tile if applicable. S AND DIRECTORS	(NOTE	Registered Age  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY-S  2.1 TITLE	nt signature	required when	n reinstating)		DATE	ND DIREC	TORS IN 12
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AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICERS PD NUNES-SANTOS, MARIO 7555 S.W. 28TH TERRACE	d agent and title if applicable.  S AND DIRECTORS	(NOTE	Registered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1	nt signature ET ADDRESS ST-ZIP	required when	n reinstating)		DATE	ND DIREC Chang Chang	FORS IN 12  Addition  Addition
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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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE: 4

STREET ADDRESS

CITY-ST-ZIP