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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600023449 (7)

I.S. DISTRIBUTION, INC.

## FILED May 05 1997 8:00am Secretary of State

Principal Plac 8125 SILVER F TAMARAC FL	PALM COURT	8125 SILVE	Mailing Address 8125 SILVER PALM COURT TAMARAC FL 33321-2728						
						3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last R	leport	
	Place of Business	2a. Maiting	Address			4. FEI Number	· • • • • • • • • • • • • • • • • • • •	pplied For	
Suite, Apt.	# oto	26 Suito A	φt. #, etc.			65.0638411		ot Applicable Additional	
22	н, од.	<b>├</b>	27			5. Certificate of Status Desired		equired	
City & Stat	te	City & S	State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Ζ <sub>'</sub> ρ			Country	,	8. This corporation has liability for intengible tax under s. 199.032,				
24	25 9. Name and Address of Curre	29 nt Registered An	ant 30	0		Florida Statutes  10. Name and Address of New Re	Yes No		
e\)	KOLOVSKY, ILIYA	in riogistored Ag	, o	81	Name	IV. Italia and Addises of Hotel It	gioloica Agoin		
8125 SILVER PALM COURT				82 Street Address (P.O. Box Number is Not Acceptable)					
	AARAC FL 33321				Street Add	ress (P.O. Box Number is Not Acceptable)			
				83					
				84	City	· · · · · · · · · · · · · · · · · · ·	<b>85</b> Zip	Code	
			2		[		FL		
office or e agent Ta SIGNATURE	registered agent, or both, in the state am farrilliar with, and account of oblig Signer on upod or himsed nagent registered	R KKU	/			poration submits this statement for the ation's board of directors. I hereby accepted when reinstating)	pt the appointment as	registered	
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	1S IN 12	
THLE	D D			1.1 TITLE		$\rho$	Change	☐ Addition	
NAME	SOKOLOVSKY, ILIYA			1.2 NAME		-	, A		
STREET ADORESS	8125 SILVER PALM COURT TAMARAC FL 33321			1.3 STREET	1.			ļ.	
CHTY-ST-7IP TITLE			1.4 CITY-S 2.1 TITLE	I - ZIP		Change	Addition		
NAME		'	221				Charles Francisco		
STREET ADORESS	•			2.3 STREET	ADDRESS			-	
CITY - \$1 - ZIP				2 4 CITY-	ST-ZIP			Į	
HILE			DELETE	31 TITLE			Change	Addition	
NAMé				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP			DELETE.	3.4. CITY - :	ST-ZIP		T 05	Address -	
TIFLE			DELETE	4.1 TITLE	}		Change	Addition	
NAME STREET ADORESS				4. 2 NAME 4.3 STREET	ADDRESS				
CHY-S*-7IP				4.4 CITY - S					
TITLE			DELETE	5.1 TITLE	11 - 411		☐ Change	Addition	
NAME	1			5.2 NAME	1			1	
STREET ADDRESS				5.3 STREET	ADDRESS			1	
CHY-SI-7IP				5.4 CITY - S	31 - ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition	
NAMÉ				6.2 NAME				ļ	
STREET ADDRESS				6.3 STREET	ADDRESS				
CHTY - ST - ZIP	Language Mariaba Salaman	od college the to the college	dondon de la companya	6.4 CITY-S	T-ZIP	dis Pastina 140 07/21/2 Flands Co	- I further	. the	
14. I do here informatio	my certify that the information supplied on indicated on this annual report or officer or dispeter of the personation of	ed with this filing a supplemental and	does not qualify to	or the exe	imption state urate and tha	ed in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg	es, I further certify that al effect as if made un Statutos, and that mu	tne ider oath; that	

information indicated on this annual report or supplemental import poort is true and accurate and that my signature shall have the same legal effect as it made under oath; that am an officer or director of the corporation or the oceiver of trade 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 upon an attack ment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date Daytin

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