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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026021 (1)

1. Corporation Name

F. DIAZ PRESS DISTRIBUTION, INC.



Principal Place of Business

Mailing Address

~~1237 N.W. 112 STREET~~
MIAMI FL 33107

~~1237 N.W. 112 STREET~~
~~MIAMI FL 33107-0015~~

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6857 W. 36 AVE #204

26 6857 W. 36 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 204

27 # 204

City & State

City & State

23 Hialeah, FL

28 Hialeah, FL

Zip

Country

Zip

Country

24 33018

25 DADE USA

29 33018

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIAZ, FREDDY

~~1237 N.W. 112 STREET~~

~~MIAMI FL 33107~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 State 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DIAZ, FREDDY
STREET ADDRESS 1237 N.W. 112 STREET
CITY-ST-ZIP MIAMI FL 33107 ☒ DELETE

1.1 TITLE D
1.2 NAME DIAZ, FREDDY
1.3 STREET ADDRESS 6857 W. 36 AVE.
1.4 CITY-ST-ZIP Hialeah, FL 33018 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/30/97 (305) 834-6667

CR2E034 (9/96)