

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 24 1997 8:00am  
Secretary of State

DOCUMENT # P96000031917 (3)

1. Corporation Name  
E.M. DISTRIBUTORS, INC.

Principal Place of Business  
256 W. RIVERBEND DR.  
SUNRISE FL 33326

Mailing Address  
256 W. RIVERBEND DR.  
SUNRISE FL 33326-2218



|                                |  |                        |  |   |  |   |  |
|--------------------------------|--|------------------------|--|---|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report   |  |
| 21 55 WESTON RD.               |  | 26                     |  | 04/11/1996  |  |   |  |
| 22 Suite, Apt. #, etc. 328.    |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  | Applied For   |  |
| 23 City & State SUNRISE, FL    |  | 28 City & State        |  | 65-0658899  |  | <input checked="" type="checkbox"/> Not Applicable                  |  |
| 24 Zip 33326                   |  | 29 Country U.S.        |  | 5. Certificate of Status Desired  |  | <input type="checkbox"/> \$8.75 Additional Fee Required             |  |
|                                |  | 30                     |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |  |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

|   |
|---|
| 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 reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | DPST                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PUYO, EDUARDO J      | 1.2 NAME  |   |
| STREET ADDRESS             | 256 W. RIVERBEND DR. | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | SUNRISE FL 33326     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 2.2 NAME  |   |
| STREET ADDRESS             |                      | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 3.2 NAME  |   |
| STREET ADDRESS             |                      | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |   |

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 on an attachment with an address.

SIGNATURE

SIGNATURE

6/00/97.

954-349-6653

CR2E034 (9/96)