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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033450 (3)

RHEMA DISTRIBUTORS, INC.

Principal Place of Business

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Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



2050 W. 56 ST., STE. 5 2050 W. 56 ST., STE. 5 HIALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2010 W 56 57 65-0658348 20,00 W 56 ST Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be FL Added to Fees 28 Trust Fund Contribution Country Country 8. This corporation owes or has paid the current year Intangible USA 25 USA 3306 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GRILLE, NELSON /Elson 2050 W. 58 ST., STE. 5 82 HIALEAH FL 33016 83 Zip Code 4is IEN H 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, Ford Statutes. NEISON GRIVE re required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 DELET**e** Change Addition TITLE 1.1 TITLE GRINE NEIBON **GRILLE**, NELSON 1.2 NAME NAME 2010 WEGST STEB 2050 W. 56 ST., STE. 5 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33016 HILLSH- PI BOOK CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE ☐ Addition TITLE 2.1 TITLE **GRILLE, ANA** BRILLE, AND 2010 W 56 ST NAME 2.2 NAME 2050 W. 56 ST., STE. 5 STE B STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33016 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE **3.2 NAME** NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of 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 coreofation or the receiver of myles 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 on an attachment with an address.

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1/24/18

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