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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P96000048331

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90261 049 \*\*\*150.00

M.C. FO	ODS DISTRIBUTOR, INC.							
Principal Place	of Business	Mailing Address		·	1 19011831 (10 16)19 61(1) 60(1) 01	IIII <b>Bo</b> iri <b>Be</b> fii B	( <b>88</b> 1 <b>(8189</b> 14	IMM INTELLIBRITARI
•		21530 NW 3RD PLACE						
21530 NW 3RD PLACE   21530 NW 3RD PLACE   BOX 285   BOX 285								
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029			i		DO NOT WRI	_	SPACE	
					3. Date Incorporated or Qualifed 06/06/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		· 1.	Applied For
21		26			65-0677088			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		·	5 Additional
27					Di Softmonto of Charles Door, Ch		Fee	Required
City & State City & State					6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	<i>t</i>	8. This corporation owes the curr	rent year Inta		
24	25	11	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent	<u></u>	T-11	10. Name and Address of New I	Registered /	Agent	
0.00	TDO MANUEL		81	Name				
	TRO, MANUEL		82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	10 NW 3RD PLACE							
ВОХ			83					
PEM	Broke Pines FL 33029		84	City		<del></del>	85 Zi	ip Code
			64	City		FL	.	i i
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida. Such change was au	s, the above thorized by	e-named co the corpora	rporation submits this statement for the stion's board of directors. I hereby acce	purpose of pt the appoir	changing ntment as	registered
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or pnoted name of registered agent	and title if applicable. (NOTE:	Registered Ager		uired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager			DATE	D DIREC	TORS IN 12
SIGNATURE	Signature, typed or pnnted name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ager		uired when reinstating)	DATE		TORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL	and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requ	uired when reinstating)	DATE	D DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28	and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME		uired when reinstating)	DATE	D DIREC	TORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL	and title if applicable. (NOTE:  D DIRECTORS  .	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature requ	uired when reinstating)	DATE	D DIREC	TORS IN 12 pe Addition .
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature requ	uired when reinstating)	DATE	D DIREC	TORS IN 12 pe Addition .
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28	and title if applicable. (NOTE:  D DIRECTORS  .	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	nt signature requ	uired when reinstating)	DATE	D DIREC	TORS IN 12 pe Addition .
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28	and title if applicable. (NOTE:  D DIRECTORS  .	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature requ	uired when reinstating)	DATE	D DIREC	TORS IN 12 pe Addition .
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28	and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE	Registered Ager  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-S	nt signature requirement signature requireme	uired when reinstating)	DATE	D DIREC Chang	TORS IN 12 pe Addition pe Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or pnnted name of registered agent OFFICERS AND DPST CASTRO, MANUEL 21530 NW 3RD PLACE, BOX 28 PEMBROKE PINES FL 33029	and title if applicable. (NOTE:  D DIRECTORS  .	Registered Ager  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	nt signature requirement signature requireme	uired when reinstating)	DATE	D DIREC	TORS IN 12 pe Addition pe 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MOIRED

Daytime Phone #