

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

FILED  
Mar 25 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 # P96000052442 (6)

1. Corporation Name  
WORLD POTTERY DISTRIBUTORS, INC.



Principal Place of Business  
13112 SOUTHWEST 68 STREET  
MIAMI FL 33183

Mailing Address  
13112 SOUTHWEST 68 STREET  
MIAMI FL 33183-2432

2. Principal Place of Business  
21 9023 NW 117 street  
State, Apt. #, etc.

2a. Mailing Address  
26 9023 NW 117 St.  
State, Apt. #, etc.

22 City & State  
23 HIALEAH, FL  
24 Zip 33018  
25 Country USA

27 City & State  
28 HIALEAH, FL  
29 Zip 33018  
30 Country USA

3. Date Incorporated or Qualified  
06/19/1996

3a. Date of Last Report

4. FEI Number  
65-0679241

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                    |                           |                                 |
|--------------------|---------------------------|---------------------------------|
| 1.1 TITLE          | PSTD                      | <input type="checkbox"/> DELETE |
| 1.2 NAME           | CARR, ALEXANDRA D         |                                 |
| 1.3 STREET ADDRESS | 13112 SOUTHWEST 68 STREET |                                 |
| 1.4 CITY- ST- ZIP  | MIAMI FL 33183            |                                 |
| 2.1 TITLE          |                           | <input type="checkbox"/> DELETE |
| 2.2 NAME           |                           |                                 |
| 2.3 STREET ADDRESS |                           |                                 |
| 2.4 CITY- ST- ZIP  |                           |                                 |
| 3.1 TITLE          |                           | <input type="checkbox"/> DELETE |
| 3.2 NAME           |                           |                                 |
| 3.3 STREET ADDRESS |                           |                                 |
| 3.4 CITY- ST- ZIP  |                           |                                 |
| 4.1 TITLE          |                           | <input type="checkbox"/> DELETE |
| 4.2 NAME           |                           |                                 |
| 4.3 STREET ADDRESS |                           |                                 |
| 4.4 CITY- ST- ZIP  |                           |                                 |
| 5.1 TITLE          |                           | <input type="checkbox"/> DELETE |
| 5.2 NAME           |                           |                                 |
| 5.3 STREET ADDRESS |                           |                                 |
| 5.4 CITY- ST- ZIP  |                           |                                 |
| 6.1 TITLE          |                           | <input type="checkbox"/> DELETE |
| 6.2 NAME           |                           |                                 |
| 6.3 STREET ADDRESS |                           |                                 |
| 6.4 CITY- ST- ZIP  |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 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 included 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:

*Sandra B. Mortham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97

(305) 825-4441

Date

Daytime Phone

0247905

CR2E034 (9/96)