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

PROFIT CORPORATION ANNUAL REPORT **1999**

Principal Place of Business



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90292 045 ***150.00

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DOCUMENT # P9600067835

Blue Parrot Distributors Corp.

Mailing Address

14920 SW 43 ST.				05/10/99 9029	12-045 \$11	Ε Ω Ω Ω
MIAMI, FL 33185				3. Date Incorporated or Qualifect		<i></i>
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Ai	oplied For
21		26		65-069881	75 N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional
22		27		3. Certificate of Otatus Besilied	Fee.R	equired
City & State		City & State	-	Election Campaign Financing Trust Fund Contribution	1 1	May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	· <u>-</u>	
24	25		30	Personal Property Tax.	L_ Yes	⊠ No
	9. Name and Address of Current I	Registered Agent	941 4	10. Name and Address of New	Registered Agent	
TAIL I MAN				Edunado D. VILA ddress (P.O. Box Nymber is Not Accep	table)	
1428 Brickell Ave. 8th Floor					· · · · · · · · · · · · · · · · · · ·	
MIAMI, FL 33131 84 City M/A				1/ AM1	FL 85 Zip	Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named compration submits this statement for the purpose of changing its redistered						
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 digitations of, Section 607.0505, Florida Statutes.						
	PALAJX DIVE	Edulardo D VI	LA - Secri	etari	7/30/99	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature req		DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	
TITLE	P	DELETE	1.1 TITLE	<u>P</u>	☐ Change	Addition
NAME	George Baker	>	1.2 NAME	JORGE ARAUJO		
STREET ADDRESS	1428 BRICKELL AVE. 8Th	FLOOR				
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	14920 SW 43 ST miami, PL 33185		
TITLE	VP '	X DELETE	2.1 TITLE	IP !	☐ Change	Addition
NAME	LISA K. EROSSMAN		22 NAME	FAROLINA BAKER		
STREET ADDRESS	LISA K. EROJSMAN 871. 1428 BRICKELL AVE. 871.	Floor		4920 50 43 51		
_CITY-ST-ZIP	MIAMI_FL 33/3/		2.4 CITY-ST-ZIP	m/am FL 53185		
TITLE		DELETE	3.1.TITLE	S	☐ Change	Addition
NAME	LISA K. TROSIMAN 8 Th	Have	3.2 NAME	Eduardo D. VILA	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	1428 Brickell ave. 8th F	d'a-	1	14920 SW 43 ST_		
CITY-ST-ZIP	MIAMI PL 33/3)	- W	3.4. CITY-ST-ZIP	MIAMI, FL 33185		
TITLE	T , 1 2 3 3 1 1	⊠ DELETE	4.1 ΠΤLE	Γ ,	☐ Change	Addition
NAME	TORRE ARADITO	•	4. 2 NAME	RAMON DEL CASTILLO		
STREET ADDRESS	JORGE ARAUJO 1428 BRICKELL AVE. 8R J	House		14920 SW 43 ST		
CITY-ST-ZIP	MIAMI PL 33/3)			MIAMI FL 3315		
TITLE	141 mm, 12 30131	☐ DELETE	5.1 TITLE	1117877, 12 32 103	☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			}
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
UITTUT"AF						

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 changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ker

(305) 225-5729

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