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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000082542 (7)

AMERICAN WHOLESALE TRADERS INC.

Prncipa: Place o	d Business	Mailir	ng Address						
8049 W. 18 LN. HIALEAH FL 33014		8049 W. 18 LN. HIALEAH FL 33014-3221							
							3. Date Incorporated or Qualified 10/07/1996	3a. Da	te of Last Report
2. Principal Place of Business 21		2a. M 26	2a. Mailing Address 26			4. FEI Number 65-0698970		Applied For Not Applicable	
Suite, Apt. #, etc.		27 Si	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
Otty & State		28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 29	· }	Coun	try		This corporation has liability for Florida Statutes	intangible Yes	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CERVI	CERVINO, JOSEPH A			6	31	Name			
8049 W. 18 LN. HIALEAH FL 33014			ε	32	Street Address (P.O. Box Number is Not Acceptable)				
				8	33				
				[84	City		FL	85 Zip Code
11. Pursuant to office or reg	the provisions of Sections 607 istured agent, or both, in the S	.0502 and 607. State of Florida.	1508, Florida Statute Such change was a	s, the about	ove- by	named corp the corporati	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of of the app	changing its registered ointment as registered

		applicatio (NOTE:	Flugistered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AND DIRECT	ORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7005	OP	DELETE	1.1 TITLE	Change Addition
NAMI (CERVINO, JOSEPH A		1.2 NAME	
	12774 NW 103 AVE.		1.3 STREET ADDRESS	
onvistize	HIALEAH GARDENS FL 33018		1.4 CITY-ST-ZIP	
	DST	DELETE	2 1 TITLE	Change Addition
NAME (CERVINO, MALVIS R		22 NAME	
to the transfer to the term of term of the	8049 W. 18 LN.		2 3 STREET ADDRESS	
CITY ST-Zar	HIALEAH FL 33014		2 4 CITY-ST-ZIP	
TOLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STEELE ALCOHESS			3.3 STREET ADDRESS	
Offs St ZIP			3.4. CITY-ST-ZIP	
TPLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-St_ZiP			4.4 CITY - ST - ZIP	
7:11:		☐ DELETE	5.1 TITLE	☐ Change ☐ Addilion
NAM:			5.2 NAME	
SPREED ADDRESS			5.3 STREET ADDRESS	
CITY 51 ZI-			5 4 CITY-ST-ZIP	
TIME	- P* 4	DELLETE	6 1 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
011* \$1-7i-1			6.4 CITY - ST - ZIP	d in Section 119.07(3)(i), Florida Statutes. I further certify that the

Information indicated on this annual report or supplemental annual report is rue 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 copporation or the receiver or trustee on provered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Mar 18 1997 8:00am

Secretary of State