

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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name
SUPERIOR WHOLESALE PRODUCTS, INC.
P96000082905

Principal Place of Business
12000 BISCAYNE BLVD
SUITE 802
NORTH MIAMI, FLA. 33181

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 29
	30

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 05-0098460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
AMERI LAWYER
343 ALMERIA AVE
CORAL GABLES, FLA
33134

10. Name and Address of New Registered Agent
81 Name **NORTHMAN BLOOM 9 WARFMAN PA.**
82 Street Address (P.O. Box Number is not acceptable) **MR. LENNY BLOOM**
83 **1101 BRICKELL AVE. SUITE 1400**
84 City **MIAMI** **FL** **85 Zip Code** **33131**

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:  **PRESIDENT** DATE: **5/9/97**

12. OFFICERS AND DIRECTORS	
12.1 NAME	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	
12.3 CITY - ST - ZIP	
12.4 NAME	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	
12.6 CITY - ST - ZIP	
12.7 NAME	<input type="checkbox"/> DELETE
12.8 STREET ADDRESS	
12.9 CITY - ST - ZIP	
12.10 NAME	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	VICE PRESIDENT
13.3 STREET ADDRESS	JOSE M. ROQUE
13.4 CITY - ST - ZIP	12000 BISCAYNE BLVD NORTH MIAMI, FLA 33181
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 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, on or after appointment with an address.

SIGNATURE:  **ROBERT ROQUE PRES** DATE: **5/9/97** DAYTIME PHONE #: **305 895-2440**

CR2E034 (9/96)