

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. North Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000082905 (6)**

1. Corporation Name

SUPERIOR WHOLESALE PRODUCTS, INC.

Principal Place of Business

**12000 BISCAYNE BOULEVARD, SUITE 802
NORTH MIAMI FL 33181**

Mailing Address

**12000 BISCAYNE BOULEVARD, SUE 802
NORTH MIAMI FL 33181**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

65-0698660

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 8439 N.W. 72 STREET

2a. Mailing Address

26 8439 N.W. 72 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33166

Country

25 USA

Zip

29 33166

Country

30 USA

9. Name and Address of Current Registered Agent

**NORTMAN BLOOM & WARFMAN P.A.
MR. LENNY BLOOM
1101 BRICKELL AVE SUITE 1400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**VP
ROQUE, JOSE M
12000 BISCAYNE BOULEVARD, SUITE 802
NORTH MIAMI FL 33181**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

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.

SIGNATURE:

Jose M. Roque **Jose M. Roque** **4/2/98** **305 463 0080**

CR2E034 (10/97)