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

**PROFIT** CORPORATION ANNUAL REPORT

1999



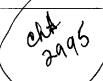
FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082905 1. Corporation Name

SUPERIOR WHOLESALE PRODUCTS, INC.



**FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90069 011 \*\*\*150.00



Principal Place of Business Mailing Address							
8439 N.W. 72 STREET 8439 N.W. 72 STREET							
MIAMI FL 3316	6		MIAMI FL 33166 Us			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed	
						10/08/1996	
2 Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number Applied For	
— `	lace of business	<u> </u>	26			65-0698660 Not Applicable	
21 Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional	
	<b>#</b> , 610.	27	¬ - '			5. Certificate of Status Desired Fee Required	
City & Stat			City & State			6. Election Campaign Financing S5.00 May Be	
<b>→</b> ′	G	— ·	28			Trust Fund Contribution Added to Fees	
<b>23</b>   Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible	
24	25	29	30	•		Personal Property Tax. Yes □No	
24]	9. Name and Address of C		[30]			10. Name and Address of New Registered Agent	
	o. Hambana Alamana	<u></u>		81	Name		
NOF	RTMAN BLOOM & WARFMAI	N P.A.					
MR. LENNY BLOOM				82 Street Address (P.O. Box Number is Not Acceptable)			
110	1 BRICKELL AVE SUITE 14	00		83			
	MI FL 33131						
				84	City	FL 85 Zip Code	
44 5	4- # 60-4	7 0500 and 607 4509 Florido C	tatutaa tha a		namad	ed corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the s m familiar with, and accept the o	State of Florida. Such change w	as authorized	l by	the corpo	rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	•	•					
SIGNATORE	Signature, typed or printed name of register	ed agent and title if applicable	(NOTE: Registered	Agen	t signature n	re required when reinstating) DATE	
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELET	Έ 1.1 ΤΓ	ILE		Change Addition	
NAME	ROQUE, JOSE M		1.2 N	ME			
STREET ADDRESS	8439 N.W. 72 STREET		1.3 \$1	REET	ADDRESS	es	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CI	TY-\$1	r-ZIP		
TITLE		☐ DELET	Έ 2.1 ΤΓ	ΠE		☐ Change ☐ Addition	
NAME			2.2 N	ME		·	
STREET ADDRESS			2.3 ST	REET	ADDRESS	ss	
CITY-ST-ZIP			2.4C	ITY-S	T-ZIP		
TITLE		☐ DELET				☐ Change ☐ Addition	
NAME			3.2 N	ME			
STREET ADDRESS			3.3 ST	REET	ADDRESS	ss	
CITY-ST-ZIP					T-ZIP		
TITLE	-	☐ DELET				☐ Change ☐ Addition	
NAME			4. 2 N				
					ADDRESS	.	
STREET ADDRESS						~	
CITY-ST-ZIP		☐ DELET	4.4 CI E 5.1 TI		1-219	Change Addition	
TITLE		_ 5444	5.1 N				
NAME					ADDRESS		
STREET ADDRESS			5.3 St			~	
CITY-ST-ZIP		DELET				☐ Change ☐ Addition	
TITLE			6.2 N/				
NAME					ADDECCO	200	
STREET ADDRESS					ADDRESS		
CITY ST 7ID	l		6.4 CI	IY•S	1-∠IP		

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 of 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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR