

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

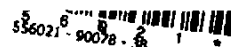
AMENDED

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			
Principal Place of Business		Mailing Address	
8439 NW 72 Street Miami, FLA 33166			

05-17-1999 90078 038 ****61.25

FILE # 96000082905
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUN-26 PM 2:25



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 8439 NW 72 Street		26 8439 NW 72 Street		65-0698660		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax.		☐ Yes ☐ No	
23 Miami, FL		28 Miami, FL					
Zip		Zip					
24 33166		29 33166					
Country		Country					
25 USA		30 USA					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORMAN BLOOM & WARFMAN PA. MR. LENNY BLOOM 1101 BRICKELL AVENUE #1400 MIAMI, FLA. 33131				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 in, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ☒ DELETE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE ☐ Change ☒ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE ☐ Change ☐ Addition 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, 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/99

305-462-0080 x24

Date

Daytime Phone #

CR2E034 (1/98)