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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600086433 (5) 1. Corporation Name VITICO'S SUPPLIES DISTRIBUTOR, INC. Principal Place of Business Mailing Address 2381 SW 80TH COURT 2381 SW 80TH COURT								
MIAMI FL 33155 MIAMI FL 33155-1261								
						3. Date Incorporated or Qualified 10/18/1996	3a. Date of Last R	eport
~~~	lace of Business	2a, Mailing A	2a. Mailing Address			4. FEI Number		plied For
21 Culto Apt	4 pto	26 Suite Ass	Suite, Apt. #, etc.			65-0701387	<del></del>	t Applicable
Sulte, Apt.	#, etc.	27				5. Certificate of Status Desired	□ \$8.75 / Fee Re	
City & State	θ		City & State			6. Election Campaign Financing	\$5.00	<del>-i</del>
23		28				Trust Fund Contribution	Added t	
Zip	Country Zip Cou		Country		8. This corporation has liability for it	ntangible tax under s.	199.032,	
24	25	29	30	0]			Yes 📝 No	
	9. Name and Address of Curre	nt Registered Age	<u> </u>	81		10. Name and Address of New Re	pistered Agent	
BENITEZ, JUAN M 2381 SW BOTH COURT MIAMI FL 33155				82 83		dress (P.O. Box Number is Not Acceptab	·	Code
agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 6	07.0505, Florid	da Statutes		poration submits this statement for the pation's board of directors. I hereby acceptained when reinstating)	urpose of changing it the appointment as	
12.	OFFICERS AND DIRECT		The ere	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D   D   D   D   D   D   D   D   D   D		PUFLETE	1,1 TITLE			Change	Addition
NAME	CENTRO COMERCIAL ARTA LOCAL 1-10			1.2 NAME				
STREET ADDRESS	CARACAS VENEZUELA	LOOME 1-10		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	D		DELETE	1.4 CHY- ST 2.1 THLE	1 - ZIP		Change	Addition
NAME	FREUNDT, HIPOLITO	<u> </u>	otte /p	22 NAME	)		C Ondrigo	
STREET ADDRESS	CENTRO COMERCIAL ARTA I	LOCAL 1-10		23 STREET	ADDRESS			
CITY-ST-ZIP	CARACAS VENEZUELA			2.4 CITY-S				
TITLE			DELLIE	3.1 111LE	<u></u>		Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4 CITY-S	T-ZIP			
TITLE			DELFTE	4.1 TITLE			☐ Change	Addition
NAME				4. 2 NAME	Ì	·		
STREET ADDRESS				4.3 STRF[1	ADDRESS			
CITY-ST-ZIP				44 CHY-S	I - 7IP			
TITLE			DELETE	51 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	address			
CITY-ST-ZIP			r22	5.4 CITY - S	T-ZIP			
TITLE		L	DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
AID1 AF 510	1							

6.4 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, or on an attachment with an address.

CLOSE TUDE THAT EN BEILTER

1-21-9

(305)211-8589

**FILED** 

Apr 25 1997 8:00am

Secretary of State