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PROFIT CORPORATION **ANNUAL REPORT** 1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089365 (6)

SOSA & VILAR DISTRIBUTORS, INC.

Principal Place of Business Mailing Address 818 8W 22ND AVE. 618 SW 22ND AVE. MIAMI FL 33135 MIAMI FL 33135-3119 3. Date incorporated or Qualified 3a, Date of Last Report 10/30/1996 Principal Place of Business Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199.032. X Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VILAR. ROSANNA R 618 SW 22ND AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6)13. DELETE Change ☐ Addition 1.1 TITLE TITLE SOSA, ARTURO NAME 1.2 NAME 2135 SW 19TH TER. STREET ADDRESS 13 STREET ADDRESS MIAM! FL 33135 1.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE VILAR, HENRY NAME 2.2 NAME 5835 SW 45TH TER. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP DELETE Addition ħ Change TITLE 3.1 TITLE VILAR, ROSSANA R 32 NAME NAME 5835 SW 45TH TER. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 33155

CITY-ST-ZIF 6.4 CHTY - ST - ZIP 14. Ido 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 componed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if on an attachment fifth an ardress.

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SIGNATURE:

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HENRA VILOC 1-12-30 (205) 851-4224

Change

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Jan 29 1997 8:00am

Secretary of State