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 # P96000089365

1. Corporation Name

SOSA & VILAR DISTRIBUTORS, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90011 045 ***150.00

000/10	VILATI DIOTTIDOTOTOI III		•							
Principal Place	e of Business	Ma	iling Address				. I immiimme in imrit main	i aufit üütti estat	IBNE IBNE MME	Mitfit fett iffit
618 SW 22ND AVE. MIAMI FL 33135			618 SW 22ND AVE. Miami Fl 33135			DO NOT IN	RITE IN THIS	SDACE		
	• • •						3. Date Incorporated or Qualife		SPACE	
								5 4	,	
2 Principal Pl	lace of Business	2a.	Mailing Address				10/30/1996 4. FEI Number		. Ap	plied For
	lace of Dualitiess	26	·				65-0712118		L-1	t Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						\$8.75	
22			7				5. Certifcate of Status Desired	□ . - ·	Fee Re	
City & State	e .		City & State				6. Election Campaign Financin		\$5.00	Мау Ве
23		28					Trust Fund Contribution	, D	Added t	o Fees
Zip	Country		Zip	Cou	ntry		8. This corporation owes the c	urrent year Int		_
24	25	29		30			Personal Property Tax.		X Yes	□No
,	9. Name and Address of Curre	nt Regist	ered Agent			_	10. Name and Address of Nev	w Registered	Agent	<u></u>
					81	Name	•			
	R, ROSANNA R			İ	82	Street A	Address (P.O. Box Number is Not Acce	ptable)		
618 SW 22ND AVE.									•	
MIAN	MI FL 33135				83					
	,				84	City		FL	85 Zip 0	Code
office or re agent. I all SIGNATURE	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	orida Stati	ites.		ration's board of directors. I hereby ac			9.0.0.00
	Or the trade of the design of	in a left base if	anniamble (MOT	E: Degletered	Agen	t sionatura (B	quired when reinstating)	DATE		———
	Signature, typed or printed name of registered ag		<u>.'''</u> —		Agen	t signature re	quired when reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	ND DIRECTO	RS IN 12
12.	OFFICERS A		<u>.'''</u> —	E: Registered 13.		t signature re	quired when reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	PRS IN 12
12.	OFFICERS A		CTORS	13.	TLE.	t signature re				
12. TITLE NAME	OFFICERS A D SOSA, ARTURO		CTORS	13. 1.1 Til 1.2 No	TLE ME	t signature re				
12. TITLE NAME STREET ADDRESS	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER.		CTORS	13. 1.1 Til 1.2 No	TLE ME REET	ADDRESS				
12. TITLE NAME	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135		CTORS	13. 1.1 Til 1.2 NA 1.3 ST	TLE ME REET TY-ST	ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D		CTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE ME REET TY-ST	ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY		CTORS DELETE	13. 1.1 TII 12 Ne 1.3 ST 1.4 CF 2.1 TII 2.2 Ne	TLE TREET TY-ST TLE TME	ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER.		CTORS DELETE	13. 1.1 TII 12 Ne 1.3 ST 1.4 CF 2.1 TII 2.2 Ne	TLE REET TY-ST TLE AME	ADDRESS .			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY		DELETE	13. 1.1 TII 12 Ne 1.3 ST 1.4 CC 2.1 TII 2.2 Ne 2.3 ST	TLE REET TY-ST TLE ME REET TY-S' TY-S'	ADDRESS .			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155		DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 CI	TLE REET TY-ST TLE REET TY-S' TLE TY-S' TLE	ADDRESS .			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R		DELETE	13. 1.1 TII 1.2 Ne 1.3 ST 1.4 CI 2.1 TII 2.2 Ne 2.3 ST 2.4 CI 3.1 TI 3.2 Ne	TLE TY-ST TLE TY-ST TLE TY-ST TLE THE TY-ST TLE THE THE THE THE THE	ADDRESS .			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER.		DELETE	13. 1.1 TII 1.2 Ne 1.3 ST 1.4 CI 2.1 TII 2.2 Ne 2.3 ST 2.4 CI 3.1 TI 3.2 Ne	REET TY-ST TLE REET TY-ST TLE REET TTY-S TLE REET REET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R		DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 Cf 2.1 TIT 2.2 No 2.3 ST 2.4 Cf 3.1 TT 3.2 No 3.3 ST	REET TY-ST TLE REET TY-S TLE REET TY-S TLE REET TY-S TLE REET TY-S	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER.		DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 Cf 2.1 TIT 2.2 No 2.3 ST 2.4 Cf 3.1 TT 3.2 No 3.3 ST 3.4.C	TLE TY-ST TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TT 3.2 No 3.3 ST 3.4 C 4.1 TT 4.2 No	REET TY-ST TLE REET TY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE AME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS			Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TT 3.2 No 3.3 ST 3.4 C 4.1 TT 4.2 No	REET TY-ST TLE REET TY-S TLE REET TREET	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TI 3.2 No 3.3 ST 3.4 C 4.1 TI 4.2 No 4.3 ST 4.4 CI 5.1 TI	REET TY-ST TLE MAKE REET TY-S TILE AME REET TY-S TILE AME REET TY-S TILE TY-ST TILE TY-ST TILE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TT 3.2 No 3.3 ST 3.4 C 4.1 TT 4.2 No 4.3 ST 4.4 CI 5.1 TT 5.2 No 5.2	REET TY-ST TLE WEET TY-ST TLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP			Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE	13. 1.1 Till 1.2 No 1.3 ST 1.4 CC 2.1 TIL 2.2 No 2.3 ST 2.4 CC 3.1 TI 3.2 No 3.3 ST 3.4 CC 4.1 TI 4.2 No 4.3 ST 4.4 CC 5.1 TI 5.2 No 5.3 ST	REET TY-ST TLE MME REET TY-ST TLE AME REET TY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE DELETE	13. 1.1 TIT 12 NA 1.3 ST 1.4 CI 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TT 3.2 NA 3.3 ST 3.4 C 4.1 TT 4.2 NA 4.3 ST 4.4 CI 5.1 TT 5.2 NA 5.3 ST 5.4 CI 5.4 CI 5.5 TT 5.5 CI 5.4 CI 5.5 TT 5.5 CI 5.5 CI 5.6 CI 5.7 TT 5.7 T	REET TY-ST TLE REET TY-ST TY-ST TY-ST TY-ST TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE	13. 1.1 TIT 1.2 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TT 3.2 No 3.3 ST 3.4 C 4.1 TT 4.2 No 4.3 ST 4.4 CI 5.1 TT 5.2 No 5.3 ST 5.4 CI 6.1 TI	REET TY-ST TLE AME REET TY-ST TLE AME TY-ST TLE AME TY-ST TLE TY-ST TLE TY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, ARTURO 2135 SW 19TH TER. MIAMI FL 33135 D VILAR, HENRY 5835 SW 45TH TER. MIAMI FL 33155 D VILAR, ROSSANA R 5835 SW 45TH TER. MIAMI FL 33155		DELETE DELETE DELETE	13. 1.1 TIT 12 No 1.3 ST 1.4 CI 2.1 TIT 2.2 No 2.3 ST 2.4 CI 3.1 TT 3.2 No 3.3 ST 3.4 C 4.1 TT 4.2 No 4.3 ST 4.4 CI 5.1 TT 5.2 No 5.3 ST 5.4 CI 6.1 TT 6.2 No	REET TY-ST TLE AME REET TY-S TLE AME REET TY-S TLE AME REET TY-SI TLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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 true 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 organ attachment with an addryss, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

3-29-99

302-241-6400

Daytime Phone

__CR2E034 (11/9)