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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

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City & State

DOCUMENT # P96000093997 (0)

Country

9. Name and Address of Current Registered Agent

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8700 S.W. 97TH TERRACE

trejo. Delio

MIAM! FL 33176

TREJO DISTRIBUTION CORPORATION Principal Place of Business Mailing Address 8700 S.W. 97TH TERRACE 8700 S.W. 97TH TERRACE MIAMI FL 33176-2935 MIAMI FL 33176 3. Date Incorporated or Qualified 11/13/1996 2. Principal Place of Business 2a, Mailing Address 21 26 Suite, Apt. #, etc. Suite Apt # etc

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City & State

Zip

4. FEI Number Applied For 65-0707965 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes XX No Florida Statutes 10. Name and Address of New Registered Agent

FILED

Jan 16 1997 8:00am

Secretary of State

3a. Date of Last Report

84 City 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 Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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Country

Name

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE Signature for a control of the gradual agent and tills for people and tills for people (hDTE) Registered Agent signature required when reinstating). OATE						
12.	OFFICERS AND DIRECTOR	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICE		\$ IN 12
TILE	D	☐ OELETE	1.1 TITLE	PTD	Change	☐ Addilion
NAME	TREJO, DELIO		1.2 NAMÉ			
STREET ADDRESS	8700 S.W. 97TH TERRACE		1.3 STREET ADDRESS			
CHY-ST-ZIF	MIAMI FL 33176		1.4 CITY~\$1 - ZIP			
TiTLE	D	☐ DELETE	21 TITLE	VSD	XX Change	Addition
NAME	TREJO, JORGE L		2.2 NAME			
STREET ADORESS	9133 S.W. 96 AVENUE		2.3 STREET ADDRESS			}
CITY-ST-ZIP	MIAMI FL 33176		2.4 O(TY-ST-ZIP			
TITLE		DELETE	3 1 TITLF		☐ Change	Addition
NAME:			3.2 NAME			
STREET ADDRESS			3 3 STHEET ADDRESS			
CITY - ST- ZIP			3 4. CITY - ST - ZIP			
TITLE		☐ DELETE	4 1 TITLE		☐ Change	Addition
NAME			4. 2 NAMč		•	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-72			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 Tiffe®		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIF			5.4 CITY - \$1 - Z IP			
TITLE		DEVETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADORESS			l
CITY - ST - ZiP			64 CITY: ST-ZIP			

14. If do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules I further certify that the information indicated on this annual report or suppliercental 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 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 in page of ron an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240670