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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. MORTIMER
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000097420 (9)

1. Corporation Name

MULTINATIONAL DISTRIBUTOR, INC.

Principal Place of Business
1402 WEST FLAGLER STREET
MIAMI FL 33135

Mailing Address
1402 WEST FLAGLER STREET
MIAMI FL 33135-2208



3. Date Incorporated or Qualified
11/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
65-0708496

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARRERAS, CARLOS G JR
1402 WEST FLAGLER STREET
MIAMI FL 33135

81 Name

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

83

84 City

FL

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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SECRETARY	<input checked="" type="checkbox"/> DELETE
NAME	MARTHA C. ALONSO	
STREET ADDRESS	8580 NW 6TH AVE #102	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	EDUARDO E. CARRERAS	
STREET ADDRESS	2630 SW 109th Ave.	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	VICED-PRESIDENT	<input type="checkbox"/> DELETE
NAME	JUAN B. CARRERAS	
STREET ADDRESS	1402 W Flagler St.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CARLOS G. CARRERAS JR.	
STREET ADDRESS	10621 SW 143 Ave.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTHA B. CARRERAS	
1.3 STREET ADDRESS	2630 SW 109th Ave.	
1.4 CITY-ST-ZIP	MIAMI, FL 33165	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS G. CARRERAS JR. 4/09/97 (305) 380-8036

Date

Daytime Phone # 0003266

CR2E034 (9/96)