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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000097456 (3)

1. Corporation Name
SOUTHBAY DISTRIBUTORS, INC.

Principal Place of Business
14400 SW 78TH AVE
MIAMI FL 33176

Mailing Address
14400 SW 78TH AVE
MIAMI FL 33158-1628



3. Date Incorporated or Qualified
12/03/1996

3a. Date of Last Report

4. FEI Number
65-0724064

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

2. Principal Place of Business

21 8900 S.W. 149 TELL
Suite, Apt. #, etc.

22 MIAMI FL
City & State

23 33176
Zip

24 Country

2a. Mailing Address

26 8900 SW 149 TELL
Suite, Apt. #, etc.

27 MIAMI FL
City & State

28 33176
Zip

29 Country

9. Name and Address of Current Registered Agent

ALVAREZ, CLAUDIA
14405 SW 78TH AVE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
CLAUDIA ALVAREZ

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

83 8900 S.W. 149 TELL

84 MIAMI

FL 85 Zip Code 33176

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

TITLE D ☐ DELETE
NAME ALVAREZ, MARIO F
STREET ADDRESS 14400 SW 78TH AVE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PRES ☒ Change ☐ Addition
1.2 NAME MARIO F. ALVAREZ
1.3 STREET ADDRESS 8900 SW 149 TELL
1.4 CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE D SEC ☐ Change ☒ Addition
2.2 NAME CLAUDIA ALVAREZ
2.3 STREET ADDRESS 8900 SW 149 TELL
2.4 CITY-ST-ZIP MIAMI FL 33176

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; 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

Pres. April-7/97

Date

Daytime Phone # 0000014

CR2E034 (9/96)