

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000097838 (2)

1. Corporation Name

BEST FOR LESS DISTRIBUTORS, INC.



Principal Place of Business 6833 MIRAMAR PARKWAY MIRAMAR FL 33023	Mailing Address 6833 MIRAMAR PARKWAY MIRAMAR FL 33023-8002
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2. Principal Place of Business 21 19415 So. Dixie Hwy Suite, Apt. #, etc. 22 City & State 23 MIAMI FLA Zip 24 33157 Country 25 Dade		2a. Mailing Address 26 19415 So. Dixie Hwy Suite, Apt. #, etc. 27 City & State 28 MIAMI FL 33157 Zip 29 33157 Country 30 Dade		3. Date Incorporated or Qualified 12/03/1996	3a. Date of Last Report
4. FEI Number 65-0717407		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name SCHEDINA, SADIQ S. 82 Street Address (P.O. Box Number is Not Acceptable) 83 19415 SO- Dixie HWY. 84 City MIAMI FL 85 Zip Code 33157	
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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 Sadiq Sachedina. DATE 4/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SACHEDINA, SADIQ S 6833 MIRAMAR PARKWAY MIRAMAR FL 33023	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PSD SACHEDINA, SADIQ S. 19415 SO. Dixie Hwy MIAMI FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KAMADIA, ABDOUL R 6833 MIRAMAR PARKWAY MIRAMAR FL 33023	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 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: Sadiq Sachedina, REQUIRED DATE 4/20/97 (305) 259-7061

CR2E034 (9/96)