
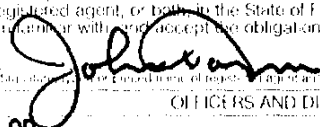
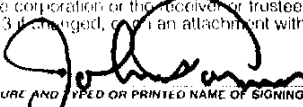


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 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 # P96000101229 (8)					
1. Corporation Name PRO-MIX DISTRIBUTORS, INC.					
Principal Place of Business 3044 CENTER AVE. FT. LAUDERDALE FL 33308			Mailing Address 3044 CENTER AVE. FT. LAUDERDALE FL 33308-7310		
2. Principal Place of Business 21 1140 NE 34 CT Subsidiary, Apt. #, etc. 22 FT. LAUDERDALE FL City & State 23 Zip 33334 Country U.S.		2a. Mailing Address 26 1140 NE 34 CT Suite, Apt. #, etc. 27 FT. LAUDERDALE FL City & State 28 Zip 33334 Country		3. Date Incorporated or Qualified 12/13/1996 3a. Date of Last Report 12/13/1996 4. FEI Number 65-0716291 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PYE LAW FIRM, P.A. 2787 E. OAKLAND BLVD., SUITE 301 FT. LAUDERDALE FL 33308			10. Name and Address of New Registered Agent 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 understand with and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY-ST-ZIP 1.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.18 NAME 1.19 STREET ADDRESS 1.20 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 in an attachment with an address.					
SIGNATURE: 			3-17-97 954566-2497 Date Daytime Phone # 0005219		

CR2E034 (9/96)