

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000005897**
1. Corporation Name

G. S. M. DISTRIBUTORS INC.

Principal Place of Business Mailing Address
**5901 NW 151ST
SUITE 112
MIAMI FL. 33014** **SAME**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 01-21-97	4. FEI Number 52-2091824 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

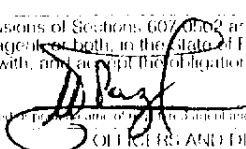
9. Name and Address of Current Registered Agent

**MANUEL F. PAZ PUNALT
5901 NW 151ST SUITE 112
MIAMI FL. 33014**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, 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  **PRESIDENT - T** DATE **06-08-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	PRESIDENT - T ☒ Change ☐ Addition
NAME	MARCO A. MENDOZA	1.2 NAME	MANUEL F. PAZ PUNALT
STREET ADDRESS	15271 NW 60AV.	1.3 STREET ADDRESS	5901 NW 151ST SUITE 112
CITY-ST-ZIP	MIAMI FL 33014	1.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	☐ DELETE	2.1 TITLE	GINA G. de PAZ V.P. ☐ Change ☒ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5901 NW 151ST SUITE 112
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33014
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	9000002561353 ☐ Change ☐ Addition
NAME		6.2 NAME	-06/16/98--01113--011
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 converter 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 on an attachment with an address.

CR2E034 (10/97)