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

DOCUMENT # P97000005897

1. Corporation Name

G.S.M. DISTRIBUTORS INC.

Principal Place of Business

5901 NW 151ST
SUITE 112
MIAMI FL. 33014

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01-21-97

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

4. FEI Number: 52-2091829 ☐ 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 PUJALT
5901 NW 151 ST SUITE 112
MIAMI FL. 33014

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] PRESIDENT-T 06-08-98
Signature, typed or printed name of person signing, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ DELETE
NAME	MARCO A. MENDOZA	
STREET ADDRESS	15271 NW 60 AV.	
CITY-ST-ZIP	MIAMI FL 33014	
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	PRESIDENT-T	☒ Change ☐ Addition
1.2 NAME	MANUEL F. PAZ PUJALT	
1.3 STREET ADDRESS	5901 NW 151 ST SUITE 112	
1.4 CITY-ST-ZIP	MIAMI FL 33014	
2.1 TITLE	GINA G. de PAZ V.P	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS	5901 NW 151 ST SUITE 112	
2.4 CITY-ST-ZIP	MIAMI FL 33014	
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	310001251151	☐ Change ☐ Addition
6.2 NAME	-06/16/98--01113--011	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

6.15

CR2E034 (10/97)

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 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 added by amendment with an address.

[signature]