

DOCUMENT # P97000019302

A TO Z DISTRIBUTORS, INC.

8272 N.W. 68TH STREET
MIAMI FL 33166

8272 N.W. 68TH STREET
MIAMI, FL 33166-2759

8336 N.W. 68 St.

8336 NW 68 ST.

Suite, Apt. #, etc.

MIAMI FL

City & State

MIAMI FL

33166

country
USA

33166

USA

7. Name and Address of New Registered Agent

Name _____

Name DE MELO, DURVALT

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

City MIAMI

FL

Zip Code **33166**

SIGNATURE DURVAL T DE MELO - PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MELO, DURVAL T		
STREET ADDRESS	8336 NW 68 ST.		
CITY - ST - ZIP	MIAMI FL 33166		

TITLE	VP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE MELO, RONALD		
STREET ADDRESS	8336 NW 68 ST.		
CITY-ST-ZIP	MIAMI FL 33166		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DURVAL DE MELO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

(305) 513-4202