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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000031866 (1)

DINO DISTRIBUTORS GROUP, INC.

| Principal Place of Business | Mailing Address | |
|-----------------------------|-------------------|--|
| 8160 GENEVA COURT | 8160 GENEVA COURT | |
| SUITE A-301 | SUITÉ A-301 | |
| MIAMI FL 33166 | MIAMI FL 33166 | |

FILED May 08 1998 8:00am Secretary of State



| Principal Place of Business | Mailing Address | | # TOURISM FILE INITERIOR BUTTER OF THE STATE | | |
|--|---------------------------------------|------------------------------|--|--|--|
| 8160 GENEVA COURT | 8160 GENEVA COURT | | | | |
| SUITE A-301 | SUITE A-301 | | | | |
| MIAMI FL 33166 | MIAMI FL 33166 | | DO NOT WRITE IN THIS SPACE | | |
| | | | 3- Date Incorporated or Qualified | | |
| | T-4 | | 04/08/1997 | | |
| 2. Principal Place of Business | 20. Mailing Address | w 70 | 4. FEI Number Applied For | | |
| 21 7330 100 70 | | W 70 | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. Certificate of Status Desired S8.75 Additional | | |
| City & State | City & State | | Fee Required | | |
| 23 miami | - MA 'A | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip Country | 28 7 7 7 7 7 7 7 | Country | | | |
| 24 33166 26 USA | h | O USA | 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 I | | 10 0 -rt | 10. Name and Address of New Registered Agent | | |
| SUAREZ, ROLANDO | <u> </u> | B1 No | | | |
| 8160 GENEVA COURT | | | MOROLANDO SUAREZ | | |
| SUITE A-301 | | B2 St | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| MIAMI FL 33168 | | 83 | -7550 NW 70 ST. | | |
| MIMI FL 33100 | | | | | |
| | | 84 Ci | MIAMI FL S Zip Code 33/86 | | |
| 11. Purguent to the provisions of Sections 607 0502 | and 607 1508. Florida Statutos | the above-na | ned 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 au | thorized by the | corporation's board of directors. I hereby accept the appointment as registered | | |
| agent. I am lamiliar with, and accept the obligation | ons or, Section 607.0505, Flori | ida Statutes. | ulanha | | |
| SIGNATURE Signature, typed or printed name of registered against | and trial if applicables (AIOTE) | Pacialared Apaclata | valure required when reinstating) All 28/38 DATE | | |
| 12. OFFICERS AND I | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE D | DELETE | 1.1 TITLE | V/5 ⊠ Change ☐ Addition | | |
| NAME SUAREZ, ROLANDO | _ | 1.2 NAME | | | |
| STREET ADDRESS 8160 GENECA COURT SUITE | A-301 | 1.3 STREET ADDR | ROLANDO SUBREZ | | |
| CITY-ST-ZIP MIAMI FL 33166 | | 1.4 CITY - ST - ZIP | Migmi, FL 33/86 | | |
| TITLE P | DELETE | 2.1 TITLE | Change XAddition | | |
| 114147 | - | 2.2 NAME | | | |
| STREET ADDRESS 7550 NW 2057. | | 2.3 STREET ADDR | MAYRENA ARIAS | | |
| CITY-ST-ZIP MIAMI, FC 33186 | | 2. 4 CITY - ST - ZIE | | | |
| TITLE T | DELETE | 3.1 TITLE | | | |
| , v | | 3.2 NAME | | | |
| STREET ADDRESS 75TO NW TOTT. | | 3.3 STREET ADDR | MIGUEL J. ARIAS | | |
| CITY-ST-ZIP M/AMI, FC 33186 | | 3.4. CITY - ST- ZIF | 73.0 | | |
| TITLE | ☐ DELETE | 4.1 TITLE | Change Addition | | |
| NAME | | 4.2 NAME | MAIRA ARIAS | | |
| STREET ADDRESS | | 4.3 STREET ADDR | 1 | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | miami, FC 33186 | | |
| TITLE | ☐ DELETE | 5.1 TITLE | Change Maddition | | |
| NAME | | 5.2 NAME | | | |
| STREET ADDRESS | | 5.3 STREET ADDR | MANUEL G. ARIAS | | |
| | | | 173 30 700 703. | | |
| CITY-ST-ZIP | DELETE | 5.4 CITY-ST-ZIP 6.1 TITLE | miami, FC 33/86 | | |
| NAME | occur | 6.2 NAME | | | |
| | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDR | :29 | | |
| CITY-ST-7IP | this filing door not qualify for | 6.4 CITY-ST-ZIP | 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:

4/20/58