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 # 1. Corporation Name P97000032154 (1)

	BMR DISTRIB	JTOR, INC.								
Pi	Principal Place of Business Mailing Address							[IDEFIDEN NE PONTI IDEN GENN PONTI ETIN BOLED AND FIGUR NOBEL ETIN BOLD FOR		
895 N.W. 45TH AVENUE MIAMI FL 33128				895 N.W. 45TH AVENUE Miami Fl 33126				DO NOT WRITE IN THIS SPA	4CE	
								3. Date Incorporated or Qualified 04/09/1997		
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For	
21		26	26				59-3449430	Not Applicab		
22	Suite, Apt. #, etc.	27	Suite, Apl. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
	Zip	Country	Zi)	Cour	ntry		8. This corporation owes or has paid the curren	t year Intangible	
24		25	29		30			Personal Property Tax due June 30.	Yes 🔲 No	
	9, Name	and Address of Cu	rrent Register	ed Agent				Name and Address of New Registered Age	ant	
RODRIGUEZ, BIENVENIDO 895 N.W. 45TH AVENUE						81	Name			
MIAMI FL 33126						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	HICHHI I L O	JILU			Ì	83				
					İ	84	City	FL ⁸	35 Zip Code	

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, typed or printed partial of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE											
12.				ct Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	DELETE	13. 1.1 TITLE	Change Addition							
NAME	RODRIGUEZ, BIENVENIDO		12 NAME								
STREET ADDRESS	895 N.W. 45TH AVENUE		1.3 STREET ADDRESS	ļ							
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY - ST - ZIP								
TITLE	VO	DELETE	2.1 TITLE	Change Addition							
NAME	Rodriguez, Rueb en		2.2 NAME								
STREET ADDRESS	895 N.W. 45TH AVENUE		2.3 STREET ADDRESS								
CITY-ST-ZIP	MIAMI FL 33126		2. 4 CITY - ST - ZIP								
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition							
NAME			3.2 NAME								
STREET ADDRESS			3.3 STHEET ADDRESS								
CITY-ST-ZIP			3.4. CITY - ST - ZIP								
TITLE		☐ DELET E	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	51 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	Change Addition							
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
A											

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 on an attachment with an address.

Applicable

FILED

Feb 04 1998 8:00am

Secretary of State