## 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

	MENT # P97000 WHOLESALERS, INC.	0061226 (1)			
Principal Plac	e of Business	Mailing Address		s red biste de seus en finete adjet antist antist antist affic af	(19) 1:814 11818 11918 8111 4881
1500 N.W. 49TH ST SUITE 500 FT LAUDERDALE FL 33309		1500 N.W. 49TH ST SUITE 500 FT LAUDERDALE FL 3330	)	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
				07/15/1997	
2. Principal P	lace of Businoss	26. Mailing Address		4. FEI Number	Applied For
21 Cuito A-1	Н да	26 Cuito Ant # ata			Not Applicable
Suite, Apt	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e .	City & State		8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the or	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Registered	Agent
1	IGE, DEAN		81 Name		
	00 N.W. 49TH ST ITE 500		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33309		83		
, ,			84 City		Total Tie Code
				FI	85 Zip Code
agent La SIGNATURE	m familiar with, and accept the obligation of registered age.	tions of, Section 607,0505, Flor	ida Statules. Rogistered Agent signature require		
12,	OFFICERS AND	DIRECTORS  PODITE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12  Change Addition
. TITLE NAME	DOWN HUGE	PRO DITE DECEN	1.2 NAME		Li change Li Addition
STREET ADDRESS	1500 NW 49 th Fr LANDONA PZ	57 #S00	1.3 STREET ADDRESS		
CITY-ST-ZIP	Fr LAMOTHA 12	333001	1.4 CITY - ST - ZIP		
THILE	<del></del>	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS CITY-ST-ZIP			2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP		Channe
TITLE NAME		□ ncrtic	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME			6.1 TITLE 6.2 NAME		L Ondrigo L Addition
STREET ADDRESS			6.3 STREET ADDRESS		
OTHER ADDRESS	•		U.S STIRET ADDITION		

14. Thereby 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 or invaltachment with an address

01011151155

2/28/98

**FILED** 

Aug 05 1998 8:00am

Secretary of State

914-111-811