

FILE NOW: FILING FEE IS \$61.25

Profit

NONPROFIT  
CORPORATION  
ANNUAL REPORT

98-1999



FLORIDA DEPARTMENT OF STATE  
Catherine H. Hall  
Secretary of State  
DIVISION OF CORPORATIONS

98-99 AR

FILED

99 JUN -2 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000062071

1. Corporation Name

ASC Distributing Co.

Principal Place of Business

Mailing Address

6765 Sunset Strip  
Box #5

1502 N. University Dr  
#347

Sunrise, FL 33322

Plantation, FL 33322

REINSTATEMENT

98-99

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	July 17, 1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0768989	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

Kathy Kohn  
2400 NW 81 Ave.  
Sunrise, FL 33322

10. Name and Address of New Registered Agent

81 Name Kathy Kohn  
82 Street Address (P.O. Box Number is Not Acceptable) 2400 NW 81 Ave  
83  
84 City Sunrise FL 85 Zip Code 33322

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathy Kohn

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Halabi	1.2 NAME	
STREET ADDRESS	Schottweg (0) & 2	1.3 STREET ADDRESS	100002901021-1
CITY-ST-ZIP	Curacao, Netherlands Antilles	1.4 CITY-ST-ZIP	-06/10/99-0102-013
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	****9999-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Kohn	2.2 NAME	
STREET ADDRESS	2400 NW 81 Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, FL 33322	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Kohn VP Kathy Kohn 4/1/99 (950) 746-5823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)