PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harry

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90202 022 ***150.00

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	1999	DIVISION OF G							
DOCUMENT # P97000090835									
SHJ DISTRIBUTORS, INC.									
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Principal Place	of Business	Mailing Address 1800 WEST 49TH STREET							
1800 WEST 49T									
#207- 32 HIALEAH FL 33			DO NOT WR		IIS SPACE		,		
					Date incorporated or Qualifed 10/22/1997				
2. Principal Pl	ace of Business	2a. Mailing Address	··· ·		4. FEI Number		<u> </u>	piled For]
21		26			65-07892 <u>11</u>			Applicable	ł
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A Fee Red		
City & State	1 · U	27 324 - D City & State			B. Election Campaign Financing		\$5.00	<u> </u>	
23 City & Stati	.	28			Trust Fund Contribution		Added to	•	ţ Ī
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year			
24	25		10		Personal Property Tax.			□No	ł
	9. Name and Address of Curre	nt Registered Agent	B1 Name		10. Name and Address of New	Registere	d Agent		1
Spins	LEOPALDO-J		B1 Name	Fro	ank Rosillo				
-180 9	82 Speet	Adarps	s (P.O. Box Number is Not Accept	able)	PA				
-#215	83 0 40	ڪπ	U & FISCULUII	~~	206		1		
HIAL	1840	<u>S</u> N	<u>.w.53st. Sur</u>	CH	<u>·205</u>		1		
	•		B4 City	lia	mi_	F	L 85 200	31000	
11. Pursuant 1	to the provisions of Sections 607.05 agistered agent, or both, in the State or familiar with, and accept the oblig	02 and 607.1508, Florida Statutes	the above named	corpor	ation submits this statement for the	purpose	of changing its	registered	1
office or re agent, I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autations of, Section 607.0505,\Florig	horized by the corp la Statutes/	oution.	s board of directors) I neverly acce	pt the apt	JOHNHOIN AS 199	lizmon	
SIGNATURE	Frank Kos	illo	Will		~~	0/0	20/99		١
	Signature, typed or printed name of registered ag		lägislered Agent signature i 13.	required w	ADDITIONS/CHANGES TO OF	FICERS	AND DIRECTOR	RS (N 12	3
12.	D OFFICERS A	ND DIRECTORS	1.1 TITLE	T	ADDITIONS OF AN INCIDENTIAL OF TO DE	. (02,10	Change	Addition	1 }
NAME	LIEDALANDEZ ALIONO/	_	1.2 NAME	صلا	rnandez, Suel	nev			5
STREET ADDRESS	-741-EAST-40RD-OTREET (O	00 W. 815T #317	1.3 STREET ADDRESS	lda	(a W. 815T. #	317			700
CITY-ST-ZIP	HEALEAN FL-33013 Hia	leah, F1 33014	1.4 CITY-ST-ZIP	TFK	arah, F1 330	<u> </u>		☐ Addition	è
TITLE		☐ DELETE	21 TILE				☐ Change	☐ Acquagn	Ι`
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		-				1
CITY-ST-ZIP		_ DELETE	2.4 CITY-ST-ZIP	 			☐ Change	Addition	
HITLE	~		3.2 NAME						١
STREET ADDRESS			33 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY- ST-ZIP						1
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	l
NAME			4, 2 NAME						1
STREET ADDRESS			4.3 STREET ADDRESS						
CTTY-ST-ZEP		OELETE	4.4 CITY-ST-ZIP	 -			☐ Change	Addition	1
TITLE		∏ nereie	5.1 TITLE 5.2 NAME						
NAME STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	1			Change	☐ Addition	
NAME			6.2 NAME						l
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP		440.07/01/15	16.45.	and the stand about 1-	formation	J
14. I hereby o	certify that the information supplied w	with this filing does not qualify for t	ne exemption states	d in Sec	ction 119.07(3)(i), Florida Statutes.	I further (perury mat me in	NOT IT HOUSE	

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 eath; that I am an 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 eath; 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, with all other like empowered.

SIGNATURE: _