


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90179 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000031179 1. Corporation Name B.I.Z.I. DISTRIBUTOR INC.			
Principal Place of Business 2901 SW 109 AVE MIAMI FL 33174		Mailing Address 2901 SW 109 AVE MIAMI FL 33174	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 8251 N.W. 66th STREET		2a. Mailing Address 26 1825 PONCE DE LEON	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 NO. 421	
City & State 23 MIAMI FL 33166		City & State 28 CORAL GABLES, FL	
Zip 24		Zip 29 33134-4418	
Country 25		Country 30	
9. Name and Address of Current Registered Agent ZABALA, BEATRIZ M 2901 SW 109 AVE MIAMI FL 33174		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE: <i>Beatriz M. Zabala</i> Beatriz M. Zabala President 4-10-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME ZABALA, BEATRIZ M STREET ADDRESS 2901 SW 109 AVE CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME ZABALA, BEATRIZ M 1.3 STREET ADDRESS 15037 S.W. 159 CT 1.4 CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ZABALA, VIVIAN STREET ADDRESS 2901 SW 109 AVE CITY-ST-ZIP MIAMI FL 33174	<input type="checkbox"/> DELETE	2.1 TITLE S 2.2 NAME ZABALA, VIVIAN 2.3 STREET ADDRESS 15037 S.W. 159 CT 2.4 CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Beatriz M. Zabala* **Beatriz M Zabala 4-10-99 (305)436 0488**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)