PROFIT CORPORATION * ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90179 003 ***150.00

=:=

DOCUMENT # P98000031179 1. Corporation Name B.I.Z.I. DISTRIBUTOR INC.							
Detected Place	of Divisionan	Mailing Address			- I TABA HANDI TATAH YON'NI TATAH YANDA HANDA	ן ינמננ זמ מנו נמונו ממונמע וו	1881 1781 979 0
Principal Place		-					
2901 SW 109 AVE 2901 SW 109 AVE MIAMI FL 33174 MIAMI FL 33174							
MIAMI PL 33179 MIAMI PL 33174				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		j
					04/02/1998		
2. Principal Pl	ace of Business	2a. Mailing Address 2s 1825 PONCE	DE LEO	NT.	4. FEI Number 65-0824875	,	olled For
21 22 24 25		DE DEC.	-	03 0024073		Applicable	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
22		27 NO . 421		Ste	The state of the s	\$5.00	
City & State	I FL 33166	TOPAL CARL	ES, FL		6. Election Campaign Financing Trust Fund Contribution	Added to	•
<u> </u>			Country		8. This corporation owes the current ye		
一 `	25 29 33134-4418 ₃₀		_ *	Personal Property Tax.		☐ Yes ☐ No_	
24	9. Name and Address of Current		7		10. Name and Address of New Regis	tered Agent	
			81 Na	me			
ZAB/	ala, Beatriz M	•	82 Str	not Addre	ss (P.O. Box Number is Not Acceptable)		
2901 SW 109 AVE			3"	661 MUU10	sa (F.O. Box reambal to visit resoftable)	_	
MIAA	A) FL 33174		83				
i			04 00			85 Zip C	ode
			84 Cit	У		FL " ZP "	
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 egistered 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 ediligations of, Section 607.0505, Florida Statutes.							
office or the	Sgistered agent, or both, in the State of	f Florida. Such change was aut outs of, Section 607,0505, Florid	orized by the o a Statutes,	corporation	's board of directors, I hereby accept the	abhoumant as ref	liste do
SIGNATURE	. DAATT- A.A. FA	Beatriz	: M=Zab	ala I	President 4-	-10-99	{
SIGNATURE	Signature, typed or printegname of registered agent.	and little if applicable. (NOTE: Re	gistered Agent signs		when reinstating) DA		00 IN 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	X Change	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	P	orra prampty V	<u> </u>	
NAME	ZABALA, BEATRIZ M		1.2 NAME		BALA, BEATRIZ M		
STREET ADDRESS	2901 SW 109 AVE)37 S.W. 159 CT		[
CITY-ST-ZIP	MIAMI FL 33174	☐ DELETE	1.4 CITY-ST-ZIP	MIV.	MI, FL 33196	[A Change	Addition
TITLE	S	C) pereis	2.1 TITLE	D 731		C3 4.4.13	
NAME	ZABALA, VIVIAN		2.2 NAME	- 1	BALA, VIVIAN		
STREET ADDRESS	2901 SW 109 AVE		2.3 STREET ADDR	į,	037 S.W. 159 CT		{
CITY-ST-ZIP_	MIAMI FL 33174	DELETE -	2.4 CITY-ST-ZIP	M_/	MI, FL 33196	Charige	Addition
-TITLE		C pereic	3.1 HILE	1			_
NAME _		_	3.3 STREET ADDR	ece			[
STREET ADDRESS			3.3 STREET AUG		• •		1
TITLE	_	☐ DELETE	4.1 TIME			Change	Addition
	• '	<u>_</u>	4.2 NAME				
NAME			4.3 STREET ADDR	ece			
STREET ADDRESS							
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
			5.3 STREET ADDR	ESS			
STREET ADDRESS			5.4 CITY-ST-ZIP				-
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			j
			6.4 CITY-ST-ZIP				}
CITY-ST-ZIP		this file - done and availe, for th		nted in Co	action 119 07(3)(i) Florida Statutes, I furth	er certify that the in	formation

(4.) I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, I tritual end with the information of the same legal effects I tritual ender cath; 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 23 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

. Beatriz M Zabala 4-10-99 (305)436 0488