FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000041855

1. Corporation Name

MRS. PIERSON DISTRIBUTORS, INC.

• • •	·	
Principal Place of Business	Mailing Address	
10715 NW 22ND AVE	Mailing Address	2.3 30x

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90101 025 ***150.00

				4	411 BIZDI 41201 10101 BIIO BIII BIII BII
Principal Place	e of Business	Mailing Address			
N 10715 NW 22N	D. AAC property with the rest of the party o	@##13/15 NW, 22NU AVE	de la constant des pareces	particular and the second second	aggregation and the
OPA LOCKA FL	L 33054	OPA LOCKA FL 33054	indexes in the settler	DO NOT WRITE IN TH	
The San Buckley		"我们就是我们就是我们就		3. Date Incorporated or Qualified	
	haddinahi washa kata sati panah si pera dipublikan kusa saperikutasi biru pere	etri and Makedillistikali Kali Kali Selah Belad Ke		05/07/1998	en jura
2. Principal P	lace of Business .	2a. Mailing Address		4. FEI Number	. Applied For
21		26			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· 	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	•	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30]	Personal Property Tax.	- ☐ Yes ☐ No
	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registers	ed Agent
	* * * * * * * * * * * * * * * * * * *		81 Name		
PIER	RSON, DEBORAH				.
1	15 NW 22ND AVE		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
	LOCKA FL 33054		83		
0.7	20014112 00001		63		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the above-named corpo	ration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was author	prized by the corporation	's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE			istered Agent signature required	when reinstating) DATE	
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.		DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITICENS	Change Addition
TITLE	PD PERCENT PERCENT	C DICE IL	1		D
NAME	PIERSON, DEBORAH		1.2 NAME		•
STREET ADDRESS		, is a second of the second of	1.3 STREET ADDRESS		
CITY-ST-ZIP	OPA LOCKA FL 33054		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		į
STREET ADDRESS			2.3 STREET ADDRESS		•
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	•		3.2 NAME		-
STREET ADDRESS	·.		3.3 STREET ADDRESS		
ì			3.4. CITY-ST-ZIP		
CITY-ST-ZIP	 	[] DELETE	4.1 TITLE		☐ Change ☐ Addition
1		المراجعة الم	4.2 NAME		_
NAME	·	~	! ···-··-	manager (m. cu)	المناسب والمستثن
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition.
NAME			5.2 NAME		
STREET ADDRESS	Į.		5.3 STREET ADDRESS		

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.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURÉ

CITY-ST-ZiP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME:

Change

☐ Addition