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 # P98000059282

Corporation Name

MEDIA DISTRIBUTORS CORP.

FILED									
Apr 09, 1999 8:00 am									
Secretary of State									
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04-09-1999 90078 049 ***150.00



Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,				
12750x5XVx241 Wandely 3316	ŠČ.	MARK MR MR STOKE XORXIX MANK			DO NOT WRITE IN THIS SPACE					
_1-1-27d-1 ≏ 1	N=W=59TH=TERR.	11241 N.W.	59TH	TE	RR.		IN THIS S	FACE		1
MIAMI.	FL. 33178	MIAMI, FL.,				3. Date Incorporated or Qualifed				
		· · · · · · · · · · · · · · · · · · ·				07/06/1998 4. FEI Number			mliod For	┨
2. Principal Pi	lace of Business	2a. Mailing Address				65-0849892		_ `	plied For t Applicable	┨
21		26				05-0047072				ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired \$8.75 Additional Fee Required				İ
22		27 City 9 Ctata	City & State							┨
City & State	9	-				6. Election Campaign Financing	rust Fund Contribution Added to Fees			
23	Country	Zip Country				8. This corporation owes the current	woor Into		01000	1
Zip —	Country	├ ¬	¬ ·			Personal Property Tax.		igibie ∐Yes	□No	
24	9. Name and Address of Curre	nt Besistered Agent	30	1		10. Name and Address of New Reg				1
	9. Name and Address of Curre	nt Registered Agent		81 N	lame	To. Hand and Addison of the Long		9		1
GAR	CIA, FELIX C									}
	50 S.W. 24TH STREET			82 5	Street Addres	ss (P.O. Box Number is Not Acceptable	:)			
	MI FL 33165			83						1
WIL	WI FE 33103			63						
				84 (City		FL	85 Zip	Code	
	007.05	00 1 007 4500 Flid- Chap	dea tha a	hove	omed serve	ration submits this statement for the nu		hanging its	registered	-
office or n	enistered agent, or both, in the State	i of Florida. Such change was	authorized	a by the	e corporation	ration submits this statement for the purific board of directors. I hereby accept the	re-appoin	ment as re	gistered.	- E
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	lorida Stat	utes.						
SIGNATURE	Signature, typed or printed name of registered ag		TE. Dogetoro	d Agent ric	mature required	when reinstating)	DATE			_ ا
12.		ND DIRECTORS	13.		griature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	OR\$ IN 12	1 8
TITLE	PVTD	DELETÉ	1.1 T				•		Addition] ;
NAME -	GUEX; MARTIN N	_	1.2 N	AMF	CI	EVALLOS GUEX, MART	IN N			2
	10750 S.W. 24TH STREET			TREET AD	ngess 11	1241 N.W. 59TH TEN	2R			6
STREET ADDRESS	-MIAMI FL-39165			ITY-ST-ZI		IAMI FL. 33178				5
CITY-ST-ZiP	SD SD	☐ DELETE	2.1 1			LAPIL, F.L. 33170		Change	☐ Addition	2
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NAME	GARCIA, FELIX C				onrec					
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NAME			3.2 N							l
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NAME		~~ ~~ ~~~ .~		VAME						
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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: