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

**PROFIT** CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90015 002 \*\*\*150.00

·	1999		
DOCU	JMENT # P9	8000066921	
DANS	DISTRIBUTO	R CORPORATION	$\checkmark$
Principal Place of Business		Mailing Ac	ddress
0127	N 14 72 Cm	DEEM 0/27	M M 72 CODE

8437 N.W. 72 STREET MIAMI, FLORIDA 3316	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
1				07/30/1998		ł
2. Principal Place of Business 2a. Mailing Address			-	4. FEI Number	Ap	plied For
21	26	26		65-0853217	No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 25				8. This corporation owes the current year Intangible Personal Property Tax.		□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered /	\gent	
JULIO CESAR SUBIRIA 8500 SW 133 AVE. ROAD BLDG. 3 APT.421			Name			
			Street Add	st Address (P.O. Box Number is Not Acceptable)		
MIAMI, FLORIDA 331	183	83	ļ —			
		84	City	FL	85 Zip 0	Code
11. Pursuant to the provisions of Sections of office or registered agent, or both in the agent. I am familiar with, and accept the SIGNATURE	507.0502 and 607.1508, Florida Statutes e State of Florida. Such change was aut a obligations of Section 607.0505, Florida Section 607.0505, Florida	s, the above thorized by da Statutes	e-named corr the corporati	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoint	tment as reg	registered gistered
Signature, typed or printed name of regis		<del></del>	nt signature require	ed when reinstating) DATE		
<del></del>	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
1	P/D/S/T □ DELETE 1.1 TITLE				Change	☐ Addition
	ANO GARCIA URTECHO	D 12 NAME				
	STAJO 128 SANTA	ii .	TADDRESS			
CITY-ST-ZIP CATALINA LA V	<u>VICTORIA LIMA-PERU</u>	J 1.4 C(TY-S	T-ZIP			
TITLE	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME		2.2 NAME				
STREET ADDRESS	SET ADDRESS 2.3					
CITY-ST-ZIP		2.4 CITY-5	ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE	1		Change	☐ Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREE	TADDRESS			
		8				
CITY-ST-ZIP		3.4. CITY-S	ST-ZIP_			
CITY-ST-ZIP TITLE	DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP		☐ Change	☐ Addition
	☐ DELETE		ST-ZIP		Change	Addition
TITLE	☐ DELETE	4.1 TITLE			Change	Addition
TITLE NAME		4.1 TITLE 4.2 NAME	T ADDRESS			
TITLE NAME STREET ADDRESS	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	T ADDRESS			
TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  TITLE  NAME	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.4 CITY-S	T ADDRESS T-ZIP T ADDRESS		☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.4 CITY-S 6.1 TITLE	T ADDRESS T-ZIP T ADDRESS			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP		☐ Change	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:

Lenin ATIliano Garcia Urtecho President AME OF SIGNING OFFICER OR DIRECTOR

(205) 634-3339