

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90007 026 ***558.75

DOCUMENT # **P98000093590**

1. Corporation Name

CCV DISTRIBUTORS, INC.



Principal Place of Business

2150 NW 70 AVENUE
MIAMI FL 33122

Mailing Address

2150 NW 70 AVENUE
MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1998

2. Principal Place of Business

21 2150 NW 70 Ave

2a. Mailing Address

26 2150 NW 70th Ave

4. FEI Number

65-0874739

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Ste-105

Suite, Apt. #, etc.

27 Ste-105

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 Miami FL 33122

City & State

28 Miami FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33122

Country

25 USA

Zip

29 33122

Country

30 USA

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE., STE 200
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **CABRERA, MAURICIO JOSE**
STREET ADDRESS **2150 NW 70 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CUEVA, DANILO**
STREET ADDRESS **2150 NW 70 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Ana Sofia Cabrera**
2.3 STREET ADDRESS **2150 NW 70th Ave**
2.4 CITY-ST-ZIP **Miami FL 33122**

TITLE **D** ☒ DELETE
NAME **VELEZ, ALEJANDRO**
STREET ADDRESS **2150 NW 70 AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/99

CR2E034 (5/99)