## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S03740 (5) ANINA DISTRIBUTORS INC. Principal Place of Business Mailing Address 943 N.E. 25TH ST. 943 N.E. 725TH ST. NORTH MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified TO NOW LOCATION J <u>10/03/1990</u> 4. FEI Number Applied For 12580 N. E 984 AVE 65-0310697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DAS NE-TESTH STREET 12580 N.E. OTH AVE Street Address (P.O. Box Number is Not Acceptable) **NORTH MIAMI FL 33161** Zip Code 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE Change 1.1 TITLE NAME 949-ME-125TH ST. 12580 N. E. 97H AVE 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ■ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS 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.