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 # S11018

Principal Place of Business	Mailing Address	
5750 SW 64TH AVE. S. MIAMI FL 33143	5750 SW 64TH AVE. S. MIAMI FL 33143	
2. Principal Place of Business	2a. Mailing Address	

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90035 050 ***150.00

 Corporation 	Name	_						!			
BRET-MC	OR DISTRIBUTORS, INC.										
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S. MIAMI FL 33143 S. MIAMI FL 33143								DO NOT	WRITE IN THI	S SDACE	
	•									3 SPACE	
								3. Date Incorporated or Qual	neu		
		T 6- 14						11/06/1990 4. FEI Number		T	lied For
Principal Place of Business Address Mailing Address										 	Applicable
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Suite, Apt. #, etc.								5. Certificate of Status Desire	d 🗆	Fee Red	
City & State		27	ty & State		==			6. Election Campaign Finance	ind	\$5.00	Way Barrey
— ·	•	28	ty a oldio					Trust Fund Contribution	a 🗖	Added to	
23 Zip	Country	Zip		Cou	ntry			8. This corporation owes the	current year I		
 1	25	29		30	•			Personal Property Tax.			□No
24	9. Name and Address of Curro		ed Agent	00	Γ.			10. Name and Address of N	ew Registere	d Agent	
	,				81	Name					
WHI	TMAN, IRVING J				82	2 Street Addres		ss (P.O. Bax Number is Nat Acc	entable\		
1065	51 N. KENDALL DR.				02			ss (F.O. Box Mullioer is Mac Acc	rehiaoloj		
STE. 200					83						
MIAMI FL 33176											
					84	City			F	L 85 Zip C	ode
.11 Pursuant	to the provisions of Sections 607.05	i02 and 607.1	1508, Florida Statut	es, the a	bove	-named	corpo	ration submits this statement for	the purpose	of changing its	registered -
office of r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	o of Elorida 5	Such chande was a	いけいいけてんか	יסח ד	the corpo	oration	n's board of directors. I hereby a	ccept the app	ointment as reg	jistered
	in laminar with, and accept the obig	jations or, oe	C(1011 007 .0000, 7 10	nua otat	J.00						1
SIGNATURE	Signature, typed or printed name of registered a	ent and title if app	olicable. (NOTE	Registered	Agen	t signature re	equired	when reinstating)	DATE		
12.		ND DIRECT		13.				ADDITIONS/CHANGES TO			
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NAME	CONSTANTIN, LOTTIE	*·				[′				ļ
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CITY-ST-ZIP				6.4 C	ITY-S	T-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, with all other like empowered.

SIGNATURE:

conduct FD NAME OF SIGNING OFFICER OR DIRECTOR